ST. BARTHOLOMEW'S HOSPITAL.

A Course of Clinical Lectures

ON

CHRONIC DISEASES OF BONES AND JOINTS,

CHIEFLY IN RELATION TO THE

TREATMENT OF DEFORMITIES.

By HOLMES COOTE, F.R.C.S.,

ASSISTANT-SURGEON TO ST. BARTHOLOMEW'S AND TO THE ROYAL ORTHOPÆDIC HOSPITAL.

(*Delivered in the Winter Session*, 1861.)

GENTLEMEN,—The authorities of this Hospital, desirous of rendering your surgical education as complete as possible, have called upon me to give a few lectures upon a subject which of late years has been acquiring a great and increasing importance, namely, the Nature and Treatment of Deformities. You, who live in days when such cases receive the care and attention of the educated surgeon, can scarcely imagine the affliction which in former times patients underwent while passing through a life divided between fruitless attempts to hide a physical defect, and seeking a relief which they never obtained from uninformed and illiterate charlatans. Authors vainly attempted by persuasive reasoning to reconcile those so afflicted to the grievances of the body which wound the soul of man. They preached that "bodily imperfections do not a whit blemish the soul;" and they quoted a list of illustrious names to prove that talent rises superior to personal charms. "Æsop was crooked; Democritus withered; Seneca lean and harsh, ugly to behold: yet show me so many flourishing wits, such divine spirits. Horace, a little blear-eyed fellow, contemptible to behold; yet who so sententious and wise? Marcilius Ficinus, Faber Stapulensis, a couple of dwarfs; Melancthon, a short hard-favoured man—*parvus erat, sed magnus erat.*"* Rarely do beauty and honesty dwell together. *Raro sub codum lare honestas et forma habitant.* Unheeded fell these words of wisdom on the sufferers' ears. Were we to learn of a deformed person, however great, the true secret wish of his heart, he would reply, "that he might be made straight." Pope was as crooked in mind as in body; Scott never ceased to think of an imperfection which prevented his joining, while a boy, in the sports of his fellows; Byron's bright spirit was overcast with gloom, and he passed a life in self-imposed banishment, because of a defect in both his feet which modern surgery could have completely removed.

Amongst the poor these calamities are yet more severely felt. They are unfit for laborious work; they burden friends but little able to support them: scoffed at when young, neglected when old, they pass their days unheeded, without the blessings of a home. Last summer, a girl of eighteen was sent to this hospital, under my care, from the country. She was the subject of double congenital club-foot. No words could describe the mental anguish she had passed through; and she undertook the most drudging menial duties at the lowest wage, on one condition—that she should never be sent abroad in the daylight, when others might behold her deformities. It may be an inducement to you to study this subject when I tell you that, after undergoing the proper operations, she returned to her home with the feet straight, and I may add, that had the operations been performed in infancy she would have had perfect freedom of movement at the ankles.

The question here naturally suggests itself, How came surgeons to neglect so important a branch of their professional responsibilities? For only twenty years ago the principles on which orthopædic treatment is founded, were wholly unknown; for ten years more they were sorely mistrusted; and even now they are occasionally decried. It is part of human nature to learn slowly; it is always an ungrateful task to revive and rediscuss a subject which our forefathers cast aside in despair. Shorter and more brilliant paths were open to fame and success; but mark the result, the treatment of deformities became classed amongst the "specialties!"

Gentlemen, in the name of all that is true, I protest against such a desecration being offered to any branch of the noble profession of which we are all members. It is, and ever must be, one and indivisible; and he only can practise it with success who studies it in a comprehensive spirit. A proper knowledge of the use of mechanical appliances constitutes but a very small part of the subject now before us. Congenital defects demand that we should study the laws of fœtal development; non-congenital atrophy, that we should investigate the laws of decay. The operations we perform are based upon the principles of "repair of injuries." The causes of bodily imperfections are often to be traced to hidden or obscure diseases of the great central systems of our frame. Cases present themselves which baffle the utmost skill of the physician—the greatest manual dexterity of the surgeon. We seek in vain for indications whither to direct our researches, and for remedies to encounter symptoms. Is it not, then, preposterous to banish such a subject from the confines of general medical education, and let it be neglected? I wish the term "orthopædy" had never been invented. I hail the present as an auspicious moment, when, by this example, we welcome in the scheme of general education the experience and discoveries emanating from another hospital, and, investing them in no mysterious name, apply them each in their proper place, and associated with their proper relations.

Surgeons, however, must not expect to render themselves masters of the treatment of deformities without study. As in all other matters, perfection comes with experience. There is no short road to knowledge; and whenever you hear one speak flippantly of "orthopædic surgery," you may generally mistrust him as having tried it, and failed in its simplest applications.

There are yet other reasons why the subject now before us has remained so long in obscurity.

The removal of a deformity in general requires the application of great power, steadily and unremittingly maintained. But the force employed must be so gradual, so gentle, so well-adjusted, that it neither pains the patient, nor rubs the skin. If the pressure be too great, the patient will soon find the pain unendurable, when the surgeon will be obliged to relax it; and so he may go on for weeks, and even months, alternately over-pressing and relaxing, but making no steady progress towards cure. For however ineffectual violent extension may be against a firm contraction, there are few, perhaps no tissues, which can resist the application of constant and steady, yet gently-acting force. And this fact is so well known to the "orthopædic" surgeon, that he is often called upon to be on his guard, lest the amount of yielding should exceed his desire. If the skin be rubbed, a sore will ensue; and then the apparatus must be thrown aside for a time. Any progress already made will assuredly be lost, and the integument never regains that normal healthiness and pliancy which fit it to receive the requisite amount of pressure. You can now see the necessity of well-constructed surgical appliances—the importance of having always at hand experienced mechanical aid; and, perhaps, it is to this want, as much as any other, that for so long a time the treatment of deformities made no sensible progress. If ever you wish to succeed in this branch of practice, lay these precepts respecting pressure to your minds. There are some amongst you who may think the practice unnecessarily tedious. I thought so partly once myself, and, by neglecting these precepts, failed, and got into trouble accordingly; and I can promise you the same results if ever you are induced to repeat my experiment.

But the effects of pressure may, in many cases, be greatly assisted after the contracted parts have been relieved by the subcutaneous division of tendons. In club-foot such a measure is absolutely indispensable; and inasmuch as both the operation and the mode of repair have important bearings on the subject before us, I will proceed to enter into some detail on both these points.

Until quite recently, surgeons put little faith in the reparative powers of tendon, and used to stitch the ends together, when divided, with needle and thread. Mr. Samuel Sharp, surgeon, who wrote a century ago (in 1761), and who was highly thought of, for his work* reached the eighth edition, says: "When the tendon is quite separated, and the ends are

* Burton's Anatomy of Melancholy, p. 383. 1836.

* A Treatise on the Operations in Surgery. By Samuel Sharp, F.R.S. Eighth edition. 1761. p. 7.

withdrawn from one another, having brought them together with your fingers, you may stitch them with a straight, triangular-pointed needle, passing it from without inwards, and from within outwards: in a small tendon, about three-tenths of an inch from their extremities; and in the tendo-Achillis, half an inch. I have sometimes employed two threads in sewing up the tendo-Achillis; and I believe it is generally advisable to do so, rather than to trust to a single suture."

But why go so far back? Not five-and-twenty years ago, lecturers spoke in wonder of Dr. A. Monro's boldness in trusting to the simple apposition of the torn ends of the tendo-Achillis, and the unaided healing powers of nature. They entered into elaborate arguments, before the age of microscopical discoveries, as to whether such structures were to be pronounced "extra-vascular!"

Division of the tendo-Achillis for deformity of the foot had been performed long ago by Thilenius, of Frankfort; and an apparatus for maintaining the parts in proper position had been invented by Scarpa, who lived in 1800. Michaelis and Sartorius both repeated the operation of Thilenius; and Dupuytren wrote upon the treatment of contractions of the fingers and of wry-neck. But it was reserved for Delpech to lay down clearly and concisely those rules which we still acknowledge to be the basis of subcutaneous tenotomy. He says:—

"A tendon to be divided must not be exposed; and its division should be made by turning the instrument on one side, so that the line of the incision may not be parallel to the division of the skin; without this precaution, risk of exfoliation of the tendon is incurred. Immediately after the division of the tendon, the divided ends should be brought into contact with each other, and kept in this position by a suitable apparatus during the entire period necessary for their union. Inasmuch as it can only take place by the intervention of an intermediate fibrous substance, this substance, before it has become firm, can, and should, be extended gradually, and carefully maintained until it has assumed a degree of length equal to the shortened muscle. When this degree of extension has been effected, the parts should always be fixed in the position, and kept so until the new substance has acquired its requisite degree of consolidation."—*Orthomorphie*, 1828.

It seems, however, that Delpech did not carry out the principles which he had laid down; and we are indebted to Stromeyer for the establishment of this branch of surgery. Its introduction to this country was effected by Dr. Little, who for some years worked the subject into fuller development, in conjunction with his colleague, Mr. Tamplin. An hospital for the cure of deformities was established, and various changes have taken place at that institution, but throughout its efficiency has been maintained; and in respect of the value of the practice there followed, you will be able to judge as well from these lectures, as from the cases under treatment which will from time to time be brought before you.

First, let me say a few words on the process of repair which goes on after the subcutaneous division of a tendon. Upon this point much has been written, and many conclusions have been formed, chiefly deduced from experiments on rabbits and other inferior animals. I must warn you to be on your guard against accepting these inferences too readily; for we never can succeed in keeping an animal quiet after tenotomy, nor can we preserve a bandage, however carefully applied. The creature gnaws it away, and violently kicks or plunges about; hence the ends of the divided tendons are not held in apposition, and the careful after-treatment which we pursue in the human subject is impracticable.

In 1842, M. Bérard exhibited at the French Academy of Medicine a tendon which had united after subcutaneous division six months previously. It was united by "an intermediate substance of a nature different from true tendon." This fact, since widely corroborated, is important. It expresses a general law—namely, that divided tissues are united by the effusion and organization of a plastic material, which serves its purpose, though it differs in appearance from the natural structure. But English surgeons cannot get out of their heads the theory of the organization of blood, the influence of the inflammatory process in the effusion of new material, and hence much that has been written is controversial, and of no great value to posterity. Let me then observe that inflammatory action interferes with, and even arrests, the formation of the proper plastic material, and that effused blood lies like a foreign body until removed by the absorbents. Now as to the source whence this plastic material comes, and the changes through which it passes, we must pursue our investigations, not amongst the lower animals, but in man, by availing ourselves of such pathological specimens as accident may put within our reach.

In 1858, I had the opportunity of examining the body of a man, aged thirty-eight, who had been admitted into the Orthopædic Hospital under the care of Mr. Tamplin, suffering from lateral curvature of the spine and talipes equinus of both limbs, being in fact a cripple, unable to put either foot to the ground. The right tendo-Achillis was divided on August 27th, and the left on September 30th. Scarpa's shoes were then applied, proper extension was made, and the heels were brought well down early in November. On November 23rd he was seized with influenza, and died after a short illness of pneumonia of both lungs.

In examining the tendons, I found the order of pathological phenomena as follows: Patches of extravasated blood were seen in considerable number along the cellular sheaths of the tendons; the blood-vessels were full; and the veins especially were distended and tortuous. The cellular sheath was entire, but between the two extremities of the cut tendon there was a compressed portion, from an inch and a half to two inches in length, the transverse measurement of which, as compared to the obviously normal part, was as two-eighths to three-eighths of an inch. A longitudinal incision through the tendon showed a similar interval between the ends of the normal tendo-Achillis, which were united by a light-grey semi-transparent structure, through which were traced well-formed, opaque, pearly-white fibres passing from one extremity to the other of the cut tendons. The new tissue was clearly defined from the old, being of a totally different colour; the opaque-white hue of the normal structure standing out in strongly-marked relief. After drying a short time, the new tissue acquired a rosy tint, obviously due to the blood contained in its numerous capillaries. The opaque-white fibres of the original tendon were seen separated in parts at their junction with the newly-formed tissue which appeared at the interstices, and were dove-tailed.

The microscopical examination of the newly-formed tissue showed a large proportion of oil-globules intimately mingled with a firmer and more fibrous material. The latter consisted of granular matter, and of newly-formed fibres of ill-defined contour; yet exhibiting in many situations the appearance of being formed of elongated nuclei; for at the broken edge of the specimen numerous loose nuclei were seen floating about free, or united in linear series of three or more. There were some whiter and more opaque parts amongst the newly-formed tissues; these closely resembled, but did not quite equal in clearness or in contour, the normal white fibrous tissue of histologists.

The appearances correspond pretty much with the observations of Mr. Paget and Mr. Adams, the former of whom applies the term "nucleated blastema" to the connective material. Investigation confirms the justness of the remark of M. Bérard, that "the intermediate substance is of a nature different from the true tendon."

Mr. Adams further asserts, "that in the reparative process, the cellular sheath of the tendon is of primary importance in maintaining a direct connexion between the divided ends of the tendons. In my experiments," he remarks,* "it appeared that the new reparative material was infiltrated between the fibrous elements of the sheath, which, therefore, at once formed the matrix for the newly-formed tendon, and also determined its direction and definite form, as described by Thierfelder." Now I should not have mentioned this opinion, but for the fact of the important plan of treatment which is of necessity founded upon it. If the sheath of the tendon be the true source whence the plastic material is exuded, then it is a wise and proper measure to try to put the deformed parts into place at once, without waiting for reunion of the divided ends of the tendon. The sheath will pour out, as it is affirmed, a sufficient and well-formed supply of plastic substance.

I warn you, gentlemen, against a fallacy here contained. The attempt at immediate replacement of the deformed parts is, as a rule, professed only in cases of congenital talipes varus—a malformation wherein no great amount of separation of the divided tendons is possible, for the ligamentous structures hold the bones for a time in their abnormal position, until influenced by continued pressure. Have any surgeons attempted at once to place in extreme extension the contracted foot in a case of infantile paralysis? I think I may reply, that in these cases where the movements of the foot are free after division of the tendo-Achillis, the surgeon would, by such a practice, dread the production of a still greater deformity—namely, talipes calcaneus; then the connecting band becomes unduly elongated, unless, indeed, as may happen, the divided ends of the tendon never become united at all. Remember the loose succulent appearance presented by the divided ends of a tendon three or

* Reparative Process of Human Tendons, p. 3.

four days after operation, and bear in mind that that is the proper place to look for the effusion of plastic matter. In the case of broken bone, the periosteum may assist in the process of repair; but separation of the bony fragments must be limited, that consolidation of the fracture should take place.

In the museum of the College of Surgeons of England (Pathological Catalogue, vol. ii.) there are some preparations presented by Mr. Tamplin (Nos. 358, 359, 340), showing the tendo-Achillis and the tendons of the anterior and posterior tibial muscles of a child nineteen months old. They were all divided by subcutaneous section nearly eighteen months before death. No trace of the division is discernible in any of them; their outlines and surfaces are regular, and their texture is uniform; even with the microscope no part could be found different from the rest.

From the appearances presented, two opinions have been formed:—First, that the newly-effused material had in process of time acquired the exact characters of the normal tissue; secondly, that after the division of the tendons, and the effusion and organization of the connective substance, a secondary process of contraction had gone on, slowly approximating the cut ends of the tendons, so as to form a *linear cicatrix*, and at the same time unfold and elongate the muscular substance.

In opposition to the first view, it is urged with justice that the new material never completely acquires all the characters and appearances of the original tissue, and hence that it would have been visible in the specimens now under consideration; but such is not the case. Even at a space of two years after the operation, as in a case operated on by Mr. Cock, and recorded by Mr. W. Adams,* we read that "the new tendinous tissue was readily distinguishable from the old tendon at the upper extremity by the difference of colour—the new tissue was of greyish, translucent appearance—and by the abrupt line of demarcation." The lower extremity of the tendon exhibited no such distinctions; but then the ends of the divided tendon had *not reunited*, and, in the latter situation, little or no new tissue was to be found. Both ends were adherent to the synovial theca.

In opposition to the view of the *linear cicatrix*, it is urged that there is no demonstrative proof of the occurrence, that such an amount of recontraction would lead to reproduction of the deformity, and that the complete restoration of the lower tissues is a recognised fact in pathology.

I have already said that the connective material is readily distinguishable from the old; and, in reference to the above question, am of opinion that it exhibits the same properties as the tissue forming the cicatrix in skin; that is to say, it goes through a process of contraction by which the divided ends of the tendon become approximated, and the muscular substance pulled out. In the infant this approximation may be complete when the cicatrix becomes linear, and all trace of the operation is lost. In the adult the process of contraction is arrested by mechanical appliances, the muscles offering a firmer resistance. Hence we find the new material of various lengths, gradually acquiring a fibrous character, and presenting such appearances under the microscope; but still, to the naked eye, distinguishable from the primitive tendon, and there is no information to show that this distinction is ever removed.

The occasional non-union of tendons induces me to mention to you two rules which should be always observed. First, never divide a tendon, whether in the hand or foot, in the dense portion of the synovial sheath; the retracted ends become adherent to the sheath; there is no re-establishment of the continuity of the tendon, and there is a corresponding loss of motion. In the second place, do not extend the parts too rapidly after operation, for the fear of "non-union" is not wholly imaginary, even when the operation is performed in the proper place and manner.

Before proceeding to the consideration of special deformities, I may say a few words as to the influence of maternal impressions. Mothers delight to refer a physical imperfection in their offspring to a shock or fright—to any cause, in short, which relieves them of an unpleasant idea of imperfection in themselves. Nævi are caused, according to this hypothesis, by longings for strawberries, mulberries, claret, or by a fright from a mouse. Hence we read of strawberry, mulberry, or claret-stains, of mouse-skin, mother-spots, &c. So club-foot is explained away by a fall, a strain, by a fright in seeing such a deformity in another. Corroborative stories are enumerated without end. I will not tire you with them; but most midwives believe in them, and narrate them with circumstantial evidence of astounding conclusiveness.

Congenital deformities are of two kinds. 1. Those which proceed from arrest or excess of development, from spinal irritation, &c. 2. Those which are caused by simple malposition in utero. The former may be hereditary; the latter rarely so. The former rarely admit of complete relief; the latter generally so. This distinction has not been properly borne in mind, and I will therefore illustrate it by presenting to you these specimens of club-foot. No. 1 illustrates a well-known deformity, called talipes calcaneus: the heel is depressed, the back of the foot is pressed against the front of the leg, but all parts are normal in size and relation, and experience teaches us that in the course of a few weeks after birth, without surgical interference, the foot will acquire its proper position. We call this a malposition, rather than a malformation, and many persons, myself amongst the number, believe that it is due to intra-uterine pressure. On the other hand, examine these specimens of club-foot and deformed hands; they are taken from different members of one and the same family. The grandfather had double thumbs, and six toes on each foot. His wife had no malformation. They had eight children, of whom five were well formed; but three had supernumerary thumbs, fingers, and toes, and unnatural union of the latter. The man (his son) from whom the casts were taken had four sons well formed, and two sons and two daughters with malformations similar to his own, and combined with club-foot.

Of the effects of intra-uterine pressure we have many instances. Here is a cast of the leg of a child, twelve years old, with a deep circular constriction at the lower part of the calf. This constriction existed at the time of birth, and the surface of the skin over it was like that of a cicatrix. It is probable that the constriction was caused by the umbilical cord or a band of false membrane drawn tightly round the leg, as in cases of intra-uterine amputation of the limbs. The parts above and below the constriction were natural, and all the movements of the foot were perfect.

Amongst the non-congenital deformities we find a great variety: some, as simple knock-knee, depend on debility alone—the limb is not strong enough to support the weight of the body; others proceed from paralysis, from rickets, from chronic disease of joints, or from the influence of cicatrices. Here is the skeleton of a rachitic subject; all the bones in the body are twisted out of shape, and the shortened stature shows that it formed the osseous framework of a dwarf.

In the investigation of cases, then, before giving your opinion and concluding on your line of treatment, ascertain first whether a deformity be congenital or non-congenital. If the former, whether it be a simple malposition or a malformation. If it be non-congenital, inquire into the circumstances or characters of the disease which preceded it. Loss of nerve-power is followed by paralysis, which is generally permanent, and always accompanied by atrophy; while loss of power from debility may generally be removed, the muscles regaining their wonted sphere of action after any interval. Lose no opportunity of examining joints in every stage of disease. Examine how, and by what means, Nature repairs the injuries she sustains; you may then estimate the force necessary to overcome contractions, and the character of the appliances you may be called upon to use. Look well at the shape and markings of bones; learn their weakest parts; you will then be able to predicate the direction in which they will yield when they lose their normal strength and firmness through errors and disturbances of nutrition, and to pronounce with clearness upon the nature of the support which each peculiar deformity requires.

* Op. cit., p. 49.

ADULTERATION OF FOOD ACT.—Dr. Letheby reports as follows on the working of this Act:—"In the matter of this Act, I have had but four applications for analysis. These are, one for milk, two for bread, and one for mustard. The milk was delivered in the ordinary way to a householder in Martin's-lane, Cannon-street, and it was adulterated with water. One of the samples of bread was said to have been purchased of Mr. Negus, 158, Bishopsgate-street: it was adulterated with rice and alum, and contained about 44 per cent. of water. The other sample was said to have been purchased of Mr. Clunie, at No. 4, Finsbury-pavement: it was genuine bread, of good wheaten flour. The sample of mustard was said to have been obtained at Mr. Colman's, in Cannon-street. It consisted of mustard meal, wheaten flour, and turmeric; but considering that the proportion of wheaten flour was not excessively large, and that it is a common and necessary practice to dilute the meal of mustard in order that it may be used as an agreeable condiment, I do not think that the mixture was an adulteration, and therefore I certified that it did not contain anything injurious to health."

Practical Clinical Remarks

ON THE

EFFECTS OF ALCOHOL, OR SPIRIT-DRINKING,

IN

DISEASES OF THE LIVER.

Delivered at Westminster Hospital,

BY W. R. BASHAM, M.D.,

PHYSICIAN TO THE HOSPITAL.

(*Concluded from p. 4.*)

I MUST now call your attention to another case of hæmatemesis occurring in the patient in the next bed, which will still further exemplify the progress of these hepatic disorders generated by the vicious habit of dram-drinking. The hepatic disease is not so advanced as in the last case, nor is it, I hope, of so serious a character.

Samuel M——, fifty-six years of age, of a stout, somewhat obese, habit of body, was admitted Feb. 24th, having for several days before admission vomited a considerable quantity of dark-coloured clotted blood. He thinks that upon one occasion as much as three pints were vomited. He appears like one who had suffered from severe hæmorrhage; his cheeks are blanched, lips white, inner edge of eyelids exsanguineous, and tongue pale and flabby. The epigastric region was full, and there was some tenderness on pressure. He felt a dull, heavy, dragging pain in the right hypochondrium. For many days the dejections have been very dark and discoloured. The urine was very high-coloured, specific gravity 1018, and on cooling there was a plentiful deposit of pink urates. These pink urates are very common in all these hepatic disorders. On examining the abdominal region, some degree of fulness was observed in the right hypochondrium; the margin of the liver extended two fingers' breadth lower down than was natural, and dulness extended upwards beyond the usual limits. He stated that he suffered a similar attack of blood-vomiting last summer. These attacks were always preceded by loss of appetite, and nausea and retching on first rising in the morning. He has had little or no relish for solid food for a year or two. His occupation in life has been that of a gentleman's servant, principally in the capacity of butler; but, having left service, he enjoyed remarkably good health till he was tempted to take a public-house in a village on the banks of the Thames. Here either the temptations were too great, or the customs of the trade, as some will insist, led him to the pernicious habit of dram-drinking; about three half-quarterns he confessed to have been his daily allowance. Now, it is perfectly immaterial whether this was the maximum or the minimum of his daily potations. It suffices that he fell into the habit of taking spirits on an empty stomach—sometimes undiluted, sometimes otherwise,—and that this habit was followed by defective digestion, loss of appetite, nausea, vomiting, and subsequently violent attacks of hæmatemesis. In this case there was no jaundice, no tinge of yellow—not the faintest—of the conjunctiva, and there was no uneasiness experienced on lying on the left side. The symptoms were altogether milder than in the last case; but then the habits of this patient had not existed for more than a year or two, and, fortunately for his future health, had been effectually checked, and his exposure to temptation suddenly withdrawn, by the abrupt termination of his occupation, his relentless landlord thinking that another tenant might sell more, and pay better. A brisk purgative of calomel and colocynth, followed by a warm aloetic draught in the morning, operated favourably. He was ordered the liquor taraxaci, sesquicarbonate of soda, and ammonia.

Four days after admission, he is reported as much better; no vomiting, or even nausea; the stomach retains simple articles of nutrition—beef-tea and arrowroot. On the sixth day, as some fulness and weight was still experienced in the right side, he was ordered two grains of blue pill and one of ipecacuanha at bed time for four nights. The alvine dejections assumed gradually an improved appearance, and the urine became quite clear, natural, and pretty abundant; the tongue was clean, although pale; the epigastric tenderness had disappeared; and the patient began to crave for food—to feel hungry,—a most important and a most encouraging symptom in these cases. After he had continued a fortnight under treatment, the chief indication became to supply, if possible, the great blood loss he had sustained, at the same time taking care that the weak digestive powers and the impeded hepatic function were not too much overtaxed. Gradually he was able to take and relish the full-diet allowance of the hospital. To regulate the bowels, gently stimulate the flow of bile, and help to promote the blood-forming powers, he was ordered each night eight grains of the aloes and myrrh pill, with half a grain of the sulphate of iron. Under this treatment, he progressed so favourably, that on March 10th he left the hospital in a condition very favourable to the arrest of any further disorganization of the liver, provided he avoided the injurious habit which had brought on this serious attack. A complete recovery may be expected in this and similar cases in the *earliest* stage, where the habits of the patient, either by the force of resolution or of necessity, are ultimately regulated by the dictates of sobriety and self-denial.

I will relate a case which occurred in private practice, to which I was called by my friend, Mr. Geo. Pearse, and which will teach you that something, and indeed a great deal, may be done even in cases where the disorganization has reached a point in which obstruction to the portal circulation was sufficient to produce extensive ascites.

A man about fifty years of age, whose drink for fourteen or fifteen years had been gin, spending, according to his own account, fourteen shillings weekly in drams, suffered, when he first came under Mr. Pearse's care, from ascites and some anasarca of the lower extremities, gradually and almost imperceptibly increasing. The propriety of tapping became the question to be solved. I found him propped up in bed, the horizontal position being impossible. The abdominal walls were distended till the surface of the skin glistened, it was so smooth. The evidence of fluid by succussion was undoubted; the superficial abdominal veins were much enlarged, and anastomosed upwards freely into the branches of the external mammary and intercostal vessels. There was considerable emaciation of the trunk and upper extremities—always the more striking in these cases from the distended abdominal walls and roundness of texture of the lower extremities from the existence of anasarca. The breathing had become difficult at times, but there was not urgent dyspnœa. The heart sounds were quite natural. The urine was very scanty, high-coloured, and presented a copious deposit of pink urates. His history was that of a dram-drinker. Morning, noon, and night, the "half quartern" worked its insidious and baneful effects: loss of appetite, nausea, morning sickness, inability and absence of all desire for solid food, and at length one or two attacks of hæmatemesis, plainly told the progress the disease was making. Yet, strange to say, these signs carried no warning with them. And thus it ever is: the bane is mistaken for the antidote; the poison is accepted as the remedy; and not, perhaps, till unmistakable signs of dropsy, sufficient to interrupt the patient's employment, have shown themselves, does he seek medical advice, and learn, when it is too late, that his disease is of his own creating, and that the habits of years have been the fatal source of his premature decay. This patient had been very judiciously treated with diuretics and elaterium, but without producing any effect on the dropsy, which seemed so much on the increase that the only relief expected was from tapping. But as this operation should never be resorted to till all other remedies have failed, and there exists such impediment to the respiration by the upward pressure of the fluid on the diaphragm that life is jeopardized, I advised that trial should be made of other diuretics and other purgatives. An examination of the urine having satisfied me that no renal complication would interfere or prohibit the use of these remedies, he was ordered the tincture of digitalis, with half-drachm doses of the sweet spirits of nitre, and ten grains of the acetate of potass, every four hours; and the bowels were to be kept active by the compound jalap powder, in drachm doses every morning. The question of tapping was postponed for several days, that it might be seen what relief was to be obtained from this treatment. In two days the breathing was found to be materially relieved. The powders had acted briskly, and already the kidneys had begun to excrete more freely, for the urine had become abundant and clear. He had not slept for many nights before this, from the distress to his breath, but he now had several hours quiet refreshing sleep. In eight days a great improvement became apparent. He was able to take solid food; all anasarca from the lower limbs had disappeared; the

abdominal walls became much softer; he could breathe freely, and had natural and refreshing sleep. The last I heard of him was, that the abdominal parietes had decreased to their natural limits, with obscure sense of fluid in small quantity.

I have had no opportunity of examining this patient since my first visit to him. I am indebted for these particulars to Mr. Whitmarsh, who tells me that the patient is able to employ himself in some light occupation with advantage, and that he feels better than he has done for years.

I have mentioned this case to you, less for the purpose of explaining the pathology or symptoms of cirrhosis with dropsy, than for illustrating what may be done, even in unpromising cases, by a well-directed and persevering plan of treatment. Had this man been tapped, he could never have reached his present state of improvement.

SOME REMARKS ON A CASE OF POISONING BY SIR WILLIAM BURNETT'S SOLUTION OF CHLORIDE OF ZINC.

BY HENRY G. WRIGHT, M.D., M.R.C.P., &c.,
PHYSICIAN TO THE SAMARITAN FREE HOSPITAL.

THE particulars of the following case are not detailed with that minuteness which, if sometimes irksome to the reader, is undeniably of great advantage to the progress of Medicine as a science. I highly respect the conscientious work now being done by those disciples of the school of elaborate pathology, who labour so assiduously in the collection of data, and record so minutely whatever they recognise as aids to diagnosis. But I here only desire to relate, as simply as possible, the particulars of an individual case; in the belief that by so doing, I may add to that stock of provisions in emergency which every practitioner desires to have in store, and may direct attention to a source of serious public danger, the continuance of which is unpardonable, because easily prevented.

CASE.—A year and a half ago I was summoned into Hampshire to visit the daughter of a clergyman. Her age was seven years; the history as follows:—She had been favourably recovering from a slight attack of scarlet fever, and taking some simple and almost colourless saline medicine, twice a day. In the confusion of a parish-school fête, on July 5th, 1859, the head nurse delegated to her assistant the duty of administering one dose of the mixture. A bottle of Sir William Burnett's (also almost colourless) solution of chloride of zinc stood beside the medicine bottle. From the former the dose was poured out. The "white medicine" was to be taken, and the little girl had been taught to get rid of her dose bravely by throwing it to the back of her mouth, and swallowing it at a gulp. In this way, therefore, she took about a drachm and a half of the corrosive poison on an empty stomach. The immediate symptoms were those described as occurring in the numerous recorded cases of a similar mistake. Warm water was given, and she vomited freely. Under medical direction albumen and demulcents were subsequently administered, and with such good effect, that in a few days the child appeared to be recovering. The corroded mucous membrane of the pharynx separated in patches; no complaint of pain was made, nor were any symptoms noticed of serious injury having been done to the stomach. The little patient ate well, was only moderately thirsty, was merry and active as before the accident. The urine was sufficient, the bowels regular, but the character of the motions was not observed. I note all these things as indicating how necessary is a guarded opinion in such cases. For, ten days after swallowing the poison, and without any remembered cause, she was suddenly seized with violent retching, and vomited a mass of black blood, followed by several smaller clots, all dark in colour.

From this time she gradually pined away, refusing food, or only swallowing it after great persuasion, and invariably rejecting it in about an hour and a half, slightly altered (as by partial digestion), and sometimes mixed with a little blood. She manifested no symptoms of nervous irritation, was cheerful, and evinced no tenderness on examination. She slept restlessly, lying always on the right side, with her legs drawn up, and ground her teeth during sleep. The throat was clear, but the tongue gradually became coated, and the skin dry and harsh, as the child wasted. Nutrient enemata were tried, but almost immediately rejected, and the medicinal remedies applicable were judiciously administered, but without benefit.

It was late in the evening of July 26th, (when these symptoms had continued eleven days,) that I paid my visit. She presented a woeful spectacle, one seldom seen except by those who have witnessed the effects of starvation in famine times, and amongst young children of the abjectly poor who lurk in great cities: the skin drawn tightly across the face, and thinning off towards the mouth in place of filling out to form the lips; the pulse like a vibrating thread; the skin harsh and dingy in hue, exhaling that peculiar odour which is almost distinctive of starvation, and moderately warm to the touch, though she constantly complained of cold, notwithstanding that the heat of the weather was intense. The tongue was coated with a thin white fur; the abdomen was shrunken, and the edge of the liver sharply traceable. There was no tenderness on an examination as minute as it was safe to attempt. There was constant thirst, but an intense aversion to swallowing any fluids. The mind was clear, and the eyes very bright. She had not slept for two days, only restlessly dozing, and waking with a start. The child was, in fact, in that condition occasionally witnessed in the last stage of exhaustive disease, where the body requires all the voluntary as well as involuntary energies for even the simple maintenance of life—cases wherein it is so important that stimulants should be freely administered, and that the patient should not be allowed to sleep too long without another fillip to the life-sustaining powers.

It happened, luckily, that a number of cows, kept for dairy purposes, had been milked shortly before my visit. I advised that the child should be immediately immersed in a bath of the new milk, slightly warmed. The effect was remarkable, allaying the intense thirst, soothing the constant restlessness, and affording great pleasure to the patient. She remained in the bath for twenty minutes, was carefully removed to bed, and fell tranquilly asleep, with the skin moist and supple. I woke her in two hours to give a little soup thickened with tragacanth. She then slept on till morning without sickness, when the bath was repeated, and its continuance, night and morning, for half an hour each time, with cautious administration of small quantities of soup and wine, (always with the addition of tragacanth,) formed the whole of the treatment I advised.

From this time the child gradually improved. The sickness recurred at intervals, but there was always, I think, some effort (so difficult to prevent in children) causing sudden contraction of the abdominal muscles, or some irregularity in diet, to account for it. The baths were continued about ten weeks, and gradually omitted as the child regained her strength. I urged the necessity for restricting the food to fluids and pultaceous substances, writing a diet list. But those who know the weariness of long and constant watching, and how hard it is for servants to refuse the appeal of a child whom they consider as half-starved to order, well understand how it came to pass that indigestible things were sometimes given; that the healing ulcer, which I believe existed at the pyloric end of the stomach, became irritated, and a relapse followed; daily sickness, with ejection of pellets of dark blood, and the further complication of small black clots passing with the motions.

This had continued for five weeks, and the child appeared to be gradually fading away, when she was brought to London to be under my care. I ordered absolute rest, and, observing that the abdominal muscles appeared to suddenly start into action with a kind of jerk on every movement of the body, I applied to the surface overlapping strips of thick chamois leather spread with adhesive plaster. This gave great comfort. The diet was restricted to asses' milk mixed with lime-water and sucked through a straw, and subsequently beef-tea, jelly, eggs, and wine were added, and a little almond-oil, as she took it readily. The only medicine was a few grains of mercury-with-chalk, and a little of the solution of morphia. The sickness entirely ceased during her stay in London; the bowels acted naturally, without blood; she slept well, and improved visibly.

Three weeks after her return home, some matters just vomited were sent to me, with expressions of anxiety as to certain round dark bodies, believed to be blood, but which were actually currants. A surreptitious spoonful of sweet pudding had done the mischief. Exercise of greater watchfulness was followed by the best results; and though the sickness recurred at intervals, the child gradually recovered her strength, became plump and rosy, and is now reported well.

Remarks.—1. This case makes up thirteen of which I have found record, or obtained the particulars, where life has been endangered or destroyed by swallowing this corrosive poison. In eleven instances it was certainly taken by mistake; and

assuredly the manufacturers of the fluid are in no small degree morally culpable for the misery and suffering to which these eleven human beings were subjected. There is no label of poison on the bottles in which the liquid is supplied, the word being merely stamped on the glass in a manner little likely to attract attention. The fluid is colourless, without odour, and is sent out in ordinarily-shaped bottles; therefore it was, in five of the above-mentioned cases, mistaken for spirits; in one, for medicine; and in one, for vinegar. The bottles and their labels much resemble those of a well-known solution of magnesia; hence the error of mistaking one for the other endangered life in three other of the cases. In two instances the mode of administration is doubtful; but the remaining case, of which the particulars have been obligingly communicated to me, so nearly resembles that which I have described, and so forcibly illustrates the danger of employing this colourless, odourless, corrosive poison for domestic purposes, that I append its history.

A young lady, aged thirteen, whilst suffering with scarlatina, was slightly delirious from the fever, and very parched and restless at night. The nurse had placed a saucer of Burnett's fluid in the room to prevent infection, but did not fulfil her duty in watching the poor feverish, wandering, thirsty child, who rose in search of drink, seized the saucer, and drank its contents. Some Henry's magnesia with milk and other diluents were administered, and the patient seemed to rally for two days, taking fluid food. Then sudden hæmatemesis occurred to a considerable amount. This was checked by astringents, but recurred a week after, and blood was passed by the bowels. Subsequently blood was vomited at frequent intervals, sometimes bright, often partly digested, and frequently with a most offensive odour. Nutrient enemata and fluid nourishment, with wine, were administered; but the sickness was not usually consequent on taking food. The symptoms gradually abated, and the child rallied sufficiently to be sent into the country; but the reparative power seemed to be arrested; she wasted slowly, and finally died from extreme exhaustion, without any symptoms to direct special attention to the nervous system.

The first recorded instance of poisoning by this solution of chloride of zinc occurred shortly after its introduction about twelve years ago. Since then, public attention has frequently been directed to its danger in the course of trials and inquests. When recording a case in THE LANCET of 1853, Dr. Hassall writes: "I cannot quit this case without insisting upon the propriety of so altering the appearance of the bottles in which Burnett's fluid is sold as to obviate the possibility of its being again taken by mistake for fluid magnesia." In THE LANCET for 1857, when noticing a case in which the fluid had been taken for gin, the following comment is made: "It is to be regretted that Sir William Burnett does not tinge his preparation of a blue or green hue. Medicines are seldom of those tints; and there is no potable for which this virulent poison could then be mistaken, since even the name of 'blue ruin' commonly given to gin is only descriptive as regards the last word." The same culpable negligence to which I have alluded still continues, although the adoption of the simple and inexpensive precautions suggested would have probably prevented much suffering and saved some lives. I therefore think it the duty of medical men to warn patients against admitting such an ungnarded deadly poison into their houses, especially as its influence in the sick room is "merely deodorizing," not disinfecting. (Pereira, Mat. Med., 4th edit.)

2. In the case above detailed, there appeared no symptoms of distinct influence on the ganglionic or cerebro-spinal systems, such as have been observed sometimes to occur, especially after administration of the poison to animals. I believe that this variation in the symptoms depends on the degree of absorption; that where the poison corrugates and corrodes the part of the stomach it impinges on, the process of absorption is stayed, the irritant immediately rejected, and the only mischief is the local one. But, on the other hand, where the stomach is full, the solution diluted, or its direct influence otherwise mitigated, absorption takes place, and there ensue certain of those mysterious nervous symptoms which, as resulting from the operation of large doses of zinc, led to the employment of the various valuable preparations of the metal in affections of the nervous system.

3. A ready antidote is most important where a corrosive poison has been swallowed. The immediate decomposition of the chloride of zinc by an alkaline carbonate, and the facility with which carbonate of soda can be obtained in most houses, indicates the practice to be followed should other cases unhappily occur. It is important that the alkali be administered in excess, to neutralize the natural acids, which might otherwise act on a portion of the heavy carbonate of zinc not ejected, and form a soluble salt, to be absorbed and produce constitutional symptoms. I mention this, as in very few of the recorded cases was an alkaline carbonate administered, and as it has been (I believe erroneously) objected that the carbonate of zinc may itself prove injurious.

4. The change that came over my patient after her immersion in the milk bath was so marked that I was involuntarily reminded of the story of Poppæa, Nero's wife, and the 500 milch asses which provided a daily bath for preservation of her beauty. In ordering the bath, my object was to gain by absorption through the skin an amount of nourishment sufficient to support life whilst the vis medicatrix healed the ulcer of the stomach, and its conjoined irritability was relieved by rest. In two other cases of urgent vomiting in children (but without organic lesion), where careful treatment had been of no avail, I employed the same expedient, with similar good result.

5. The immediate cessation of the vomiting, when the patient was restricted to a diet of asses' milk, is worthy of notice. I have on other occasions observed very great benefit to result from its employment, especially in children and aged persons. The extravagant praises bestowed on it by some of the older physicians probably led to a reactionary neglect as undeserved. Just so the flourish of trumpets with which new medicines are often introduced now-a-days often leads to disappointment and consequent disuse, because they fail to fulfil all expected from them. Indeed, I doubt whether some of the vaunted new remedies display more enlightenment than the despised empirical formulæ employed of old, the same evil system of setting the hands of the clock, and disregarding the mischief in its works, being common to both. The array of writers, from Hippocrates downwards, who have extolled the virtues of asses' milk, employed medicinally, is too long for even a mention of their names; but amongst many shrewd remarks, the following are of practical value: Van Helmont (who surmises that the milk of asses is especially superior on account of the proverbially long life of the animal) suggests that the ass shall be carefully combed every morning, stating that it may be known from the milk whether this has been done. Trallianus and others laud its efficacy as being slightly aperient. Alpinus advises the successive administration of milks of different animals. Galen insists on the milk being drunk quite fresh; and Hoffman (whose "Treatise on the Extraordinary Virtues and Effects of Asses' Milk" is the best I know on the subject) gives full directions as to feeding and milking the animal, and as to the administration of its milk.

6. The propriety of leaving the stomach at rest after any great shock, whether physical or functional, I need scarcely mention; but it is of equal importance to have regard to the mechanism of physic and food, as well as their therapeutic and dietetic influence. Thus a sedative may be injurious because it is in the form of a hard pill, and the attempt to make away with solid food often leads to its rejection from a stomach equal to its digestion if given in a fluid form. The mechanical influences which act from without also demand attention. The jerk of the abdominal muscles, on suddenly rising into a sitting posture, is one of these, easily recognised by the hand or eye. The support afforded in such cases by plasters of thick chamois leather, carefully applied in overlying strips as above-mentioned, can be readily understood.

7. Lastly, there is one point in this case to which I may venture to allude as not devoid of practical importance in these days. Scarcely any medicine was administered, because the child did not require any. Under similar conditions, hundreds of persons yearly get through severe illnesses, and conscientious practitioners reverently acknowledge the agency that cures. But there exists a sect of men who recognise no such agency, and acknowledge no such reverence,* whose practice, if it may be so described, is to leave Nature to cure, and then take the credit for her work. I do not hesitate to avow my belief that if one of the disciples of Hahnemann had administered half a dozen drops of water, containing the billionth of a grain of anything, in a case of the kind above detailed, and adopted the simple expedients described, the whole neighbourhood would have rung with the praises of the wondrous drops, and the case would have been quoted as a triumph of homœopathy.

Somerset-street, Portman-square, Jan. 1861.

* "Everything that simple nature performs to relieve herself in acute, and more particularly in chronic diseases, is highly imperfect. The vital power was not given us that we should follow it as our best guide in the cure of disease, much less servilely imitate its imperfect attempts to restore health. That innate power which directs life in the most perfect manner whilst in health was not created for the purpose of aiding itself in disease."—(Hahnemann "Introduction to Organon.")

CLINICAL REMARKS ON NEURALGIA.

BY E. H. SIEVEKING, M.D.,
PHYSICIAN TO ST. MARY'S HOSPITAL.

THE term Neuralgia is employed to designate a pain primarily traceable to a nerve, or to certain sets of nerves; it excludes the sensations, more or less painful, referable to sympathy, and produced, secondarily, by the affections of other tissues or organs. The neuralgiæ affecting the cerebro-spinal nerves are the most definite and precise of all; while those depending upon an affection of the sympathetic are more vague, and generally not limited in locality, as the former are. Neuralgia, like hysteria, is a term liable to great abuse; and it is only when we have eliminated all possible sources of pain from inflammation or organic mischief in other organs, that we are justified in concluding that we have to deal with a genuine case of neuralgia. The danger that would result to a patient by an erroneous diagnosis is only too apparent from the manifestly different treatment to be pursued in the different cases. The pain accompanying renal calculus, for instance, may easily be confounded with lumbo-sacral neuralgia, and both may be mistaken for lumbago. Deep-seated abdominal cancer may cause no symptom in the first instance but pain, and may thus not be recognised for a long time, until the advancement of the growth upon adjoining organs renders the source of mischief too palpable to be overlooked. Dr. Inman, in a recent work, has shown more pointedly than any other writer, how frequently tendinous or muscular pains simulate inflammation; and how the adoption of antiphlogistic or reducing measures to combat the supposed inflammation is necessarily followed by an aggravation of pains which are essentially due to fatigue of the parts affected only. Scarcely a week passes without such cases coming under the notice of all medical men who have much to do with female patients, in whom a more delicate muscular system is peculiarly prone to take on such conditions, though men are not exempt from them. These cases are distinct from neuralgic affections, inasmuch as the pain resides in the muscles and their tendinous insertions, and not intrinsically in the nerves. It matters little, however, in point of treatment, if they are regarded as neuralgic, because the remedies most ordinarily employed in the milder cases of neuralgia would be calculated to give relief to muscular and tendon pain as well; and, *vice versâ*, the rest, with anodyne and roborant treatment suited to the latter, could rarely be inappropriate in cases of genuine neuralgia. However, with even moderate care, the mistake is not likely to be made.

The greater sensitiveness of the female would lead us to expect in them a special proneness to neuralgic affections. It does not, however, appear that genuine neuralgia prevails with much greater frequency in the female than in the male sex. I find, that of sixty-five cases of undoubted neuralgia, taken in the order in which they have presented themselves to my notice, thirty were males, thirty-five females, or in the proportion of forty-six per cent. to fifty-four per cent.—a difference which is scarcely sufficient to justify our attributing a very particular proclivity on the part of the female sex, especially when derived from a comparatively small number of cases. The origin of the affection in the two sexes varies much, as it so frequently depends upon the nature of trade or employment in which the individual is engaged. Thus, in men, saturnine poisoning is a common source of neuralgia which very rarely affects the other sex; for eight of the former I have only one of the latter, and in that the evidence of the toxic effects of lead was not by any means absolute. On the other hand, laundry-work, with its accompanying catarrhal and rheumatic influences, is necessarily confined in its neuralgic effect to the female sex, in whom the debilitating results of miscarriages, menorrhagia, and other derangements of the sexual system, are also much more frequently productive of the disease in question than sexual disorders of man. Again, we find that the two sexes present characteristic differences in regard to the proclivity of certain nerves and regions of nerves to put on a state of hyperæsthesia: the solar and mesenteric plexuses, and the sympathetic system generally, appear, in the female, peculiarly liable to morbid excitement; gastrodynia and colic belong to the cases of affections which have a predominant tendency to occur in woman; while the cerebro-spinal system, as instanced in the case of sciatica, is the part of the nervous system in which the sufferings of man more frequently find their seat. It is by no means meant to be asserted that this distinction is absolute; it is merely found to be a general rule, which is supported by experience no less than by analogy. I may at once state, that one of the severest cases of cœliac and mesenteric neuralgia (unconnected with lead-poisoning) which it has fallen to my lot to witness, occurred in a gentleman; while I have no hesitation in stating that I have seen as urgent sciatica in women as I have ever witnessed in men. The following statistical *résumé* of the distribution of the sixty-five cases specially analyzed with a view to determine the varying proclivity of the two sexes, will show the general correctness of these remarks better than argument:—

Part of nervous system affected.	Total cases.	Females.	Males.
Cerebro-spinal	39	21	18
Sympathetic*	20	13	7
Cerebro-spinal and sympathetic	3	—	3
Doubtful	3	1	2

If we eliminate from the ten cases in which the sympathetic alone, or the sympathetic concurrently with the cerebro-spinal system were affected in males, and the seven in which there was saturnine poisoning, there remain only three in which an idiopathic affection of this part of the nervous system was met with.

With regard to the cerebro-spinal system alone, we find what looks like a marked predominance of certain nerves in each of the sexes to put on diseased action; thus sciatica occurred in nine men, while it affected only four women. The branches of the brachial plexus, on the other hand, appear to be more liable to deranged function in women, in whom we find four cases of brachial neuralgia for one occurring in the opposite sex. Neuralgia of the fifth pair, also, if the cases taken for analysis may serve as a criterion, has a special predilection for the female sex, three of whom suffered from this distressing malady, while no man is to be found, in this series of cases, who was affected by it.

(To be continued.)

ON THE ANTIPHLOGISTIC TREATMENT OF UTERINE INFLAMMATION.

BY EDWARD J. TILT, M.D., M.R.C.P.,
CONSULTING PHYSICIAN TO THE FARRINGDON GENERAL DISPENSARY AND LYING-IN CHARITY.

IT was doubtless an error to deduce all pathology from inflammation; but, in practice, inflammation is the main pathological condition ever present to the medical mind, as a reality to contend with, or an eventuality to guard against. Having to treat a case, we almost instinctively ask ourselves, Is the disease inflammatory or not? Is inflammation the sole element, or merely a complicating element of the morbid problem? If inflammation, of what kind and type, and at what stage of its career? We do this because we know the frequency of inflammation: that if acute, it may speedily prove fatal, or undermine the constitution; while, if chronic, we are better able to check its progress than that of many other morbid conditions. This applies *in toto* to the pathology of the ovario-uterine organs. In non-parturient women, *acute* inflammation seldom terminates fatally, though *chronic* very frequently renders life a burden by the numerous morbid states which it develops, such as diseases of menstruation, ulceration, hypertrophy and displacements of the womb, sterility, and various forms of neuralgia.

My present object is to pass in review the various ways of treating inflammatory affections of the womb, so as to trace what seem to me *the essentials of uterine therapeutics*. Passing rapidly over uncontested points of practice, I shall dwell much longer on caustics; but I disclaim all intention of being complete, as it is not worth my while to copy from esteemed pathologists many excellent passages which grace their writings. With regard to the order to be adopted in discussing the various ways of treating uterine inflammation, I cannot do better than adopt that in which remedies are suggested by the emergencies of individual cases. Therefore I shall treat—

* This number would have been much larger were the cases of gastrodynia included, but they have been purposely omitted.

1st. Antiphlogistics, by which we control the disordered phenomena of the circulating system.

2nd. Sedatives, by which we more particularly alleviate pain and morbid conditions of the nervous system.

3rd. Substitutives, such as the salts of zinc and silver, by which we modify the unhealthy action of the capillaries engaged in the processes of nutrition.

4th. Caustics, which remove a portion of unsound tissue, and impart greater vitality to the remainder.

5th. Tonics, which support the power of life depressed by the severity of disease or its protraction; agents which so improve nutrition as to reconstitute the system.

6th. Mechanical agencies, by which we remedy the displacements of an organ whose normal amount of limited movability is liable to be disturbed in many ways.

TREATMENT OF UTERINE INFLAMMATION BY VENESECTION AND LEECHES.

Bloodletting.—Notwithstanding all the arguments that have been ingeniously brought against venesection by my friends, Dr. Bennet and Dr. Markham, I find it just as useful now as I did twenty-five years ago, whenever acute inflammation of the womb is more or less complicated by pelvic peritonitis, and has caused fever and other symptoms in women of average strength. What harm can be done, in such a case, by taking from the arm eight to ten ounces of blood? I believe, on the contrary, that this favours the action of other remedies, and shortens the duration of disease without protracting convalescence; so I do not feel disposed to give up a remedy which has stood the test of ages, notwithstanding the manner in which it has been abused. Neither do I hold that Lisfranc's plan of taking three or four ounces of blood from the arm before the menstrual periods, in the treatment of chronic disease of the womb, should be altogether abandoned, as it has been by his countrymen; but my space is too limited to permit of my discussing this question.

Leeches.—Contemporary scepticism has not yet sought to shake our faith in the value of local bloodletting by leeches, and no therapeutical injunction is supported by a similar amount of concurrent approval. When the various inflammatory affections of the womb and of its adjacent organs were all lumped under what was called *inflammation of the bowels*, leeches in large numbers were generally applied to the abdominal walls, or to the inner part of the thighs. We do so now with advantage when the peritoneum is inflamed, and when we think it desirable not to apply leeches to the womb, on account of the irritable condition of the vagina or its virgin state. Both on account of the loss of blood, and as a result of reflex action conveyed from the skin to the inflamed part by the vaso-motor nerves, leeches thus applied are certainly very serviceable; but the insular position of the womb evidently renders it less liable to be thus influenced than by leeches applied to the inflamed womb itself. The characteristic phenomena of inflammation are much more likely to be reduced when the blood is taken directly from the inflamed organ; and by rendering this possible by means of the speculum, my friend and early teacher, Professor Recamier, contributed immensely to the therapeutics of diseases of women. Again, upon this point unanimity is striking, and I am surprised to find Becquerel asserting, in a work just published, that leeches applied to the inflamed womb rather increase than diminish inflammation, and that he prefers the application of leeches to the thighs, or venesection. This statement is in direct opposition to the experience of the many talented observers who practise in Paris, Germany, America, and in the British empire.

By applying leeches to the womb we either seek—1st. To reduce inflammation. 2nd. To reduce congestion, and promote absorption. 3rd. To increase congestion, and determine menstruation.

If we want to diminish inflammation and congestion, we must apply leeches in a sufficient number so as to relieve, and not congest, the womb. The number of leeches must be governed, not only by the requirements of the case, but by the size of the speculum to be used; for it is useless to apply a large number of leeches through a small speculum, for when they have not sufficient room they refuse to bite, or those that have not taken interfere with those that have. Indeed, I cannot understand the statement of writers, nor how they can possibly apply ten or twelve leeches to the neck of the womb, unless they be very small ones. I have often found the inutility of trying to apply more than four large leeches by a moderate-sized speculum, more than six by a large speculum, and more than two by a small one. When a small speculum is to be used, it is better to use small leeches, as the loss of blood seems to me to depend less on the size of the leeches than on the number of the leechbites. In estimating the quantity of blood which will be withdrawn by the leeches, it must be borne in mind that if large leeches draw about half an ounce of blood, small ones will not draw half that quantity; so that the surgeon should state in his prescription whether he wants large or small leeches to be applied. Sometimes leeches remain on a long time, fill well, and very little blood afterwards comes away from the leechbites; at other times the leeches soon fall off without filling, and a large quantity of blood subsequently oozes from the leechbites. A large clot of blood is frequently passed soon after the leeches have fallen off, and blood will often continue oozing out for the two or three following days, so that the patient may lose by each leechbite from two to three ounces of blood. I have observed that much more blood is lost when the leeches are applied to the vagina than to the neck of the womb, unless its vessels be in a varicose state. Ferguson's glass specula are the best for this purpose. I have known leeches to pass between the valves of Coxeter's bivalvular speculum, and remain inactive between the metal tube and the vagina until they were withdrawn. This application of leeches is a tedious operation, and it may be safely trusted to a well-schooled nurse when the os uteri can be easily embraced by a full-sized speculum; but when the vagina is undilated, as in the virgin, and when it is difficult to bring the os uteri within the field of the speculum, the practitioner ought to apply the leeches himself. I have repeatedly found that the leeches which I had ordered to be applied to the womb had been placed in the posterior cul-de sac of the vagina, where the protuberant leechbites could be felt. Uterine inflammation is, doubtless, benefited, but not to the same extent as if the leeches had been applied to the womb itself. It is well to promote the flow of blood by injecting hot water into the vagina, although patients will be met with in whom the practice brings on a return of increased pain.

When we apply leeches as emmenagogues, so as to promote the congestion of the womb and ovaries, we only apply a small number—two or three—so as to determine the blood-current; and the plan is very successful if the leeches be applied when the menstrual flow is due, and repeated every month, so as to teach the womb to resume a forgotten habit. The possible and unavoidable inconvenience of leeches applied to the womb are—a too abundant loss of blood, seldom, however, requiring medical interference; too great pain is sometimes an unavoidable occurrence, for, with my friend Dr. Aran, I think Dr. Bennet has exaggerated the ill effects of leeches taking on the inside of the uterine lips, for I have known this occurrence to be unattended with pain. Twice in one month Hervey de Chegoin saw leeches applied to the neck of the womb cause severe pain and syncope. This was so unusual an occurrence that he asked himself whether leeches are venomous at certain seasons of the year; whereas he merely met with two nervous subjects about the same time. Leeches to the neck of the womb produce nettle-rash in some women, but this soon disappears.

Frequency of application.—I have met with cases in which the patients had gone on being leeched by a nurse, every fortnight, for one or two years, and for a long time without medical supervision. This plan has been extensively followed out, though it cannot be too strongly objected to, for it is obviously wrong to order strong medicines without watching their action. If the patients are young and delicate, the too frequent application of leeches will increase debility and nervous excitement, and may develop any latent constitutional tendency, such as phthisis, for instance. If strong, the frequent application of leeches sets up a continual determination of blood towards the womb.

Range of utility.—In those inflammatory affections of the neck of the womb constituted by uterine catarrh, with or without ulceration, or a moderate amount of ulceration, the most frequently-occurring cases, I do not apply leeches, agreeing with Dr. Bennet and deprecating Scanzoni's plan of applying five or six leeches every six or eight days in most cases of ulceration. In a deep-seated ulceration on a hard or a soft hypertrophic basis, seven or eight leeches, repeated several times before or after menstruation, as I find on trial to suit best, is the plan I adopt. In internal metritis, which I believe to be a much more frequent disease than is supposed, and to form the sole or principal pathological condition in many cases of dysmenorrhœa, in some of which, without being very painful, the menstrual flow is very scanty or very profuse, or alternately so, it is well to leech the womb just before the menstrual flow, and afterwards, supposing a scanty menstrual flow has left the womb congested. The practitioner can alone

determine the right number of leeches in each case. When it is a question of once applying four or five leeches to the womb, one should be more guided by the inflammatory nature of the complaint than by the state of the patient's strength. I have sometimes long hesitated to deprive weak and anæmic patients of even the smallest amount of blood; but other measures failing, I have done so with the best effects. The success of a first may lead to the trial of a second application, after some interval has elapsed. In pelvic peritonitis, which frequently follows morbid ovulation and uterine disease—in acute ovaritis, supposing the examination be not too painful, I agree with Aran and Scanzoni, that it is better to apply leeches to the womb, or, better still, to the vaginal cul-de-sac.

The vascular system of the ovario-uterine organs is often permanently and actively congested, either from the menstrual molimen having been unsatisfied by its accustomed secretion, or by the retention of the secreted menstrual flow. In such cases, a few leeches before the menstrual period will often set things right. In some cases amenorrhœa or metrorrhagia depends on congestion of the pelvic vessels, (and this may be inferred from the varicose condition of the veins of the vagina and labia,) and then leeching the vaginal cul de-sac is of great service. Scanzoni states that metrorrhagia which resisted the usual treatment, suddenly ceased on the application of a few leeches to the womb. I have no experience of the practice, but it deserves trial, as the quantity of blood taken away by the leeches is insignificant when compared to that otherwise lost. When fibrous tumours cause menorrhagia, it is likewise good to apply leeches to the womb before the menstrual periods.

In hæmatocele or hæmatic collections of blood in the pelvis, I agree with Dr. Bernutz, that the re-absorption of the effused blood is greatly promoted by two or three applications of leeches at three or four days' interval, and by another application at the first sign of the ensuing menstrual period. In this case it is better to apply the leeches to any easily-attainable and bulging portion of the vagina.

Counter-indications.—I consider the application of leeches to the womb as counter-indicated by very acute inflammation, and when the vagina is inflamed. Whenever a digital examination is very painful, it is to be feared that the pain and fatigue of the operation will considerably detract from the advantages to be otherwise expected from the application of leeches. By applying leeches to the inner part of the thighs, and the assiduous use of emollient injections to the vagina, inflammation will generally be soon sufficiently reduced to permit the application of leeches to the womb. Leeches should not be applied in cancerous or syphilitic affections of the womb, for fear each leechbite should become an ulcer. For a similar reason, leeches should not be applied to the womb when its inflammation is characterized by the production of diphtherial membranes. In a case I am now attending, the patient had previously consulted another practitioner, who, unacquainted with this uncommon variety of disease, applied leeches to the womb. Each leechbite became an ulcer, covered with a diphtheritic membrane, and the complaint was thus greatly increased by the injudicious application of a good remedy.

Grosvenor-street, Jan. 1861.

INFANT ALIMENTATION;

OR,

ARTIFICIAL FEEDING, AS A SUBSTITUTE FOR BREAST-MILK, CONSIDERED IN ITS PHYSICAL AND SOCIAL ASPECTS.

By M. A. BAINES.

Sir,—At the Bradford meeting of the Social Science Association last year, I had the pleasure of contributing to the Public Health Department a paper on the "Practice of Hiring Wet-nurses," showing the numerous evils which are involved in that system; my object being to prove that the cases are very rare in which a wet-nurse is really needed, and that the abuse of the practice must necessarily lead to very serious consequences, not only to individuals, but to the community at large.

This idea being accepted, a question naturally arises as to the best substitute for breast-milk in the case of hand-reared children. To that question I shall attempt to give a satisfactory answer. A few preliminary observations will be necessary.

In a paper presented to the Sanitary Section of the International Statistical Congress, which held its session in London this year, I pointed out the want of accurate information on the subject of Wet nursing, and suggested a simple method by which figures might be obtained in order to show the extent to which the custom prevails in this country; such machinery being set at work, an important means will be available for collecting very interesting and valuable information on subjects of a kindred nature.

The practice of employing wet-nurses cannot be considered and inquired into without revealing many startling facts which are connected with the system. Amongst its most disastrous results may be regarded the fate of the wet nurse's child, which is in most cases put out to *dry-nurse*, falls into ignorant or unprincipled hands, and, as a consequence, too often meets with premature death. Space does not permit me to enter into a consideration of all the *moral* evils of such a system, but it is enough to speak of the *indifference to infant life* which is thus fostered, and which is evidenced by the fact that a mother is induced, and too readily yields, to the temptation to sell her child's life for the temporary indulgence in ease and gain. Oh! let those who have any influence in this matter pause ere they help to sever those holiest and purest of earthly ties which Nature has intended, with wise purpose, should exist between a mother and her child.

In the paper on the "Statistics of Wet-nursing," I alluded to one or two subjects which, although not coming immediately under the inquiry therein indicated, nevertheless present some significant features in relation to it, and for that reason deserve some attention here. I refer to the large number of infants said to be annually "still-born" in this country, and also to the system carried on with regard to children whose names are entered on the books of burial clubs.

With respect to the first-named subject, Lord Shaftesbury, in his address at Liverpool on Public Health, made the following statement—that no less than 60,000 'still-born' children are produced in this country every year;" adding, that "it is a portentous fact, which demands the most solemn investigation." *

I am not aware what idea the noble President connected with the fact to which he called attention with so much earnestness; probably his Lordship had in his view the unsanitary condition of things which it discloses. Certainly that is a very grave matter—one which may with advantage be inquired into. Why (it may be asked) should so large a number of individuals—so large a portion of the female population—fail to fulfil the natural laws of their being, and thus contribute to such an abnormal and astounding fact as that indicated in the high rate of the "still-born"? Again, how is it that so many mothers who give birth to living children are unable to afford them the maternal nourishment which is their birthright, thus depriving their offspring of the best chances of maintaining existence?

The latter subject was alluded to by Mr. E. Chadwick, at the International Statistical Congress. His remarks referred only to what takes place in Manchester; but it would be worth while to collect information on these points as regards every town and district in the kingdom.

These inquiries are serious enough in a sanitary point of view; but I fear they present another side still more painful and portentous: I allude to the criminal aspect, especially as regards the 60,000 "still-born." It is probable that more than half of that number ought not to have been so recorded. And to check the evil in future, the law must be brought to bear upon the system to which the evil is due. At present the great facilities afforded for the disposal of "still-born" children offer free inducements to infanticide, which crime is on the increase, and is, no doubt, perpetrated wholesale in some parishes and districts. Dr. Bachhoffner, the Registrar for Marylebone, has lately instituted inquiries into this matter in the district over which he presides. Some startling facts have been elicited, and the investigation is still being prosecuted; but from what has already transpired, there can be no doubt that some restrictive clauses are urgently needed in the Burial Act with reference to the disposal of infants said to be "still-born," such subjects having been hitherto enclosed in the coffins of

* It was stated by Dr. Ballard, at the Statistical Congress, that "England is the only country in which there are no official returns as to 'still-born' children." But although no complete records are at present furnished, (because none have been authoritatively required,) there must be sources from which such information can be obtained—as, for instance, the books of burial societies. The secretaries of such societies might be instructed to collect facts under this head; also registrars and medical officers of health, especially in districts containing *workhouses*, should make "returns" of a similar kind. It is most desirable that such figures and facts should be systematized and utilized under official authority.

adults without the payment of regular fees, and without requiring the production of a medical certificate.

It will be at once obvious how full of meaning are the foregoing facts in connexion with the subject of this paper, when I suggest that it would be interesting and instructive to know how many of the mothers of "still-born" children had, previously to the birth, decided upon taking up the vocation of wet nurse. And, again, how many of the infants whose names have been entered on the books of burial societies, and who die prematurely, are children who have been put out to *dry nurse* to enable the mothers to take places as "wet nurses."

Although it was my intention to treat the subject of this letter strictly in its sanitary aspects, and to address my remarks more particularly to medical men, I have been almost unconsciously led into the consideration of other social questions of equal importance; and I have no reason to regret having entered upon the more extended view of the subject, because, in the first place, they are questions which must be interesting to all social reformers; and secondly, I think that those (I refer now to members of the medical profession) who would desire to aid the special cause we are about to consider would do well to regard it, not only in its physical aspects, not only from what is termed a "medical point of view," but in reference to its moral and social relations and influences.

In a paper which was read in London last February before a medical audience, I advocated the use of vegetable or farinaceous substances, in combination with cows' milk, as a proper food for infants, from the earliest period of existence.

Hand-feeding has got into disrepute because it is in general so unsuccessful in its results; and as "convulsions" and other disorders, terminating fatally in childhood, are often traced, when properly investigated, to the improper use of farinaceous substances, a prejudice has arisen against that kind of food, and it is interdicted as injurious by medical practitioners; consequently the public, taking alarm without reason, look upon farinaceous food as little short of poison in its pernicious effects upon the infant constitution. This is a foolish and fatal error! Not less absurd, though far less mischievous, would it be to prohibit bathing altogether, because some reckless persons, ignorant of the art of swimming, plunge into the water, and are drowned. I am strongly convinced that it is not so much the kind of food that kills as the ignorant manner in which food given to infants is prepared and administered.

There are two extremes prevalent, both equally to be deprecated,—namely, the excessive use of farinaceous food, and its entire prohibition. I consider that to depend wholly upon animal milk is a most disastrous practice, and in many cases induces disorders which, if they do not always terminate fatally, set up a condition which predisposes to various ailments in more advanced childhood, and even in later periods of life. These disorders are rarely referred to the true cause, but are described as "constitutional," "developmental," and so on; when the truth is that the system, being deprived of the elements in its food necessary for growth and development, suffers from *defective nutrition*, and consequently has not power to carry on its processes in a natural and satisfactory manner. It would be curious to know how many of the deaths returned in the registrars' reports under "Want of breast-milk," are those of children who were attempted to be reared (but in effect were starved) upon animal milk alone; I fancy the numbers would quite equal those of the children who die in convulsions from "over-feeding."

I cannot now enter upon the chemical and physiological arguments which I am prepared to advance in favour of my theory; I will only state that I believe Chemistry (as far as it is known to us at present) cannot be trusted in this matter. What I mean is this: that although we may learn by chemical analysis that cows' milk approaches nearly to human milk in its constituents and their relative proportions, that fact affords no satisfactory proof that animal milk contains in its elements or component parts the necessary qualities or properties suitable for the nutrition of an infant, so as to render that milk a safe substitute for breast-milk without the addition of other substances; indeed, *experience tells us quite the reverse.* And as to the physiological facts which have been brought forward by opponents to my views, I have explained at some length in another place,* that I interpret those same facts in a manner to favour my argument. [Comparative anatomy does not teach me that *because* vegetable food is indicated as suitable for digestion in the case of the young of the animal creation, *therefore* the anatomical construction of the human stomach shows the same food to be unsuitable with regard to the human infant.] Chemical analysis may aid us in discovering truth, but I have said that it must not be trusted entirely; *experience* will prove a better teacher in such matters; for out of well-observed facts we may draw practical conclusions, and trace them with something like certainty to their respective causes. I am induced on this account to suggest (and I do so with much deference), that unless any medical practitioners can bring their *experience* to bear upon this question, they will reserve their remarks; for although I am anxious to induce discussion on the subject of this letter, I should be sorry for the cause to be prejudiced by the mere repetition of old objections, having no better authority than that derived from the dogmas which belong to *routine practice*, and based upon no solid nor tenable foundation.

If any medical man would undertake to conduct a series of experiments as to the value of farinaceous foods in the cases of children who may be depending entirely upon *artificial feeding*, such a practical experimentalist would perform a signal service to mankind. Let a fair trial be made under the direction and observation of the medical attendant, and let him report the result to the profession and the public through the medical journals, whose columns are always open to contributions which are calculated to benefit the cause of science and humanity."

Brighton, Dec. 1860.

* The Comparative Properties of Human and Animal Milks, &c. London: Churchill.

* Another consideration in favour of my suggestion is, that *ill-nourished* children—those who are improperly fed, either by an excess of food or unsuitable diet—more readily fall a sacrifice to epidemics; whilst those subjects whose blood is kept in a pure state by wholesome food, have the power of resisting the influences which strike down the feeble frames by hundreds. I believe that diarrhœa is often induced by wrong diet than by any atmospheric or any other local causes; at any rate, attacks are much more serious and fatal in cases where inattention to diet prevails. If this be true as regards adults, the fact is still more forcible with reference to children.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

COLLOID DISEASE OF THE RIGHT, AND MULTILOCULAR DISEASE OF THE LEFT, OVARIUS; OVARIOTOMY; FATAL RESULT.

(Under the care of Mr. ERICHSEN.)

THE subject of curing ovarian disease by extirpation, or otherwise, has of late years especially occupied the attention of British practitioners, and a large number of cases are now on record in which some one or other of the various means of relief have proved successful. Constitutional treatment, tapping, tapping conjoined with pressure, injection, and extirpation, have in turns been tried—some as merely palliative, and others again as curative. Our pages have afforded examples of all these; and experience has amply proved that medicine alone will do nothing towards the cure or the absorption of an ovarian cyst. Tapping affords relief for a time, and in some instances it has prolonged life for a considerable number of years. This process conjoined with firm pressure has been successful in the hands of Mr. Baker Brown, Mr. May, of Tottenham, and perhaps others: three examples under the first-named surgeon were recorded in a recent number of this journal (vol. ii., 1860, p. 435); and a fourth was announced by Mr. May (ibid., p. 565). This plan is worthy of a more extended trial in those cases wherein the patient is not too old, and where there is but a single cyst and the general health is good. There is this drawback, however, that in the event of success for the time being, any secondary cysts that have hitherto been quiescent may become developed when the

large or parent cyst has been permanently reduced in size. This is an eventuality, however, that may be risked.

Injection of the cyst with iodine has been successful in this country, but it is more generally resorted to on the continent, amongst French surgeons especially. We have seen iodine used several times without any bad consequence whatsoever, and when the cyst is single it should have a trial after one of the early tappings. In November, 1859, Mr. Curling had a case of ovarian dropsy under his care in the London Hospital, which was twice injected with iodine after tapping. The operations were attended with no untoward symptoms, but after a time a sudden and copious discharge of fluid took place by the rectum, and then occasional drainings, until the patient died. The iodine seemed to have had no marked effect, and unfortunately no post-mortem examination was allowed.

The final method of relief is the highly important operation of ovariotomy—one that has hitherto been employed most largely by British and American practitioners. The profession are much indebted to Mr. John Clay, of Birmingham, for important and valuable statistics of this operation, published in the Appendix to his translation of Kiwisch's "Chapters on Diseases of the Ovaries." Indeed, before its appearance, there was nothing that could be relied upon in regard to any large number of cases. Mr. Clay gives the particulars of 567 cases:—"Of these, the operation was completed by the removal of the entire ovarian tumour in 425, or about three-fourths; the mortality being 183, or about 43 per cent. In 24 cases, the tumour was only partially removed; of these, 14 died. In 13 cases, extra ovarian (mostly uterine) tumours were removed; the mortality here amounted to 10. Of 105 cases in which the operation was abandoned, there were adhesions in 82; and in 23 the disease was mostly extra-ovarian; while in a few no tumour was found. Amongst these 105 abandoned cases, 27 died."*

Of the 395 operations, in which the tumour was completely removed, the following table shows the number in different countries:—

	Successful.	Unsuccessful.	Total.
Great Britain	127	95	222
Germany	13	38	51
America	64	49	113
Unknown	8	1	9
Total	212	183	395

The mortality after the operation has been found to vary according to the presence or absence of adhesions. For where they were present in those cases in which the ovarian tumour was completely removed, 49 per cent. of the cases died; and where they were absent, 32 per cent. only were fatal. It is a singular circumstance, however, in the history of this operation, that, in certain instances, where the adhesions have been most extensive, a good recovery has ensued without an untoward symptom from first to last. Then, again, the operation has been performed under the most promising circumstances of age, absence of adhesions, singleness of cyst, &c., yet the result has proved unfavourable. We congratulate the profession in having something reliable to go upon in Mr. Clay's statistics, which we trust to see added to in the next edition of his work.

We place upon record a series of cases, in most of which the operation was recently performed, and all of which have proved unsuccessful. In regard to this want of success, we have to remark that not unfrequently the operation is undertaken as holding out but the barest chance of life, and when all other treatment seems quite hopeless. No wonder that the fatality is large. To obtain favourable results, the operation must be undertaken at an early period, when the tumour is unilocular, free from adhesions, and the patient's health is not enfeebled.

We refrain on this occasion from entering into the minutiæ of the operation itself; but will conclude our remarks by the following quotation from Mr. Clay's book:—"From a careful review, therefore, of the whole of the facts connected with the operation of ovariotomy, as gathered from the work now translated, and from the preceding tables, I have no hesitation in expressing my opinion that the operation is to be highly recommended in ovarian tumours under the circumstances previously narrated, as it is the only mode of removing a disease incurable by any other means."

For the following brief abstract we are indebted to Mr. Harding, house-surgeon to the hospital:—

H. F——, aged sixty-three years, was admitted in December, 1860. She had been the subject of an ovarian tumour for some years; latterly it had increased in size very rapidly, and produced such distension of the digestive organs and other symptoms of great uneasiness, that she was most anxious to undergo any operative measure that would hold out a chance of relief.

On the 24th December, Mr. Erichsen performed ovariotomy upon her, and both ovaries were found enlarged; the right was colloid in its character, and the left multilocular. An incision was made under chloroform from the umbilicus to the pubes. After dividing the linea alba, Mr. Erichsen found strong old adhesions between the right ovary (which lay in front of the other) and the abdominal walls. These could not be broken down with the hand, but required to be cut and separated by means of a probe-pointed bistoury. After this proceeding the tumour was readily turned out, and was found to be about the size of a small melon. The tumour connected with the left ovary (lying behind that first removed) was likewise extensively adherent, but to the intestines and omentum. These adhesions were, however, carefully and cautiously broken through with the hand. Being of large size, the second tumour was emptied of its contents as far as was practicable, and then drawn forwards. The pedicles were then exposed, tied, and divided. That of the left ovarian tumour was round and thick, whilst that of the right was narrow and flat. Both were transfixed by a nævus needle, carrying a double whip-cord ligature, and tied in two sections. The wound was closed by means of sharp silver-pointed probes, perforating the peritoneum; four or five of these were used, and then twisted sutures. The pedicles and their ligatures were brought well out of the lower angle of the wound, and attached to the last pin, which was an iron one, and care was taken to bring the constricted part well out of the peritoneal cavity.

The patient was treated with opium and ice, with brandy and champagne, but she was affected with almost unceasing sickness. The opium increased it very much, but the ice and champagne to some extent stayed it. In consequence of this distressing symptom she became very weak, and died from exhaustion on the 28th, four days after the operation.

* Erichsen's Science and Art of Surgery. 3rd Edition. p. 1139.

GUY'S HOSPITAL.

MULTILOCULAR OVARIAN TUMOUR; OVARIOTOMY; FATAL RESULT.

(Under the care of Dr. J. BRAXTON HICKS and Mr. BRYANT.)

MRS. ——, aged thirty, married eight years; never pregnant. She has always been in good health, with the exception of the present complaint. About two years since, she perceived for the first time a tumour in her right side. It has increased more particularly during the last eight months. She was admitted into Guy's Hospital, under Dr. J. B. Hicks, about three months ago, with a very solid multilocular ovarian tumour. As it was causing no very great amount of inconvenience, and did not extend above the pubes, it was decided not to interfere at that time.

She was readmitted under the care of the same physician. The tumour had increased to double its former size, the increase being chiefly owing to the enlargement of one cyst at the base, pushing the more solid portion upwards underneath the left ribs, against which they pressed, giving much immobility to the growth; there was also indistinct fluctuation in the more solid portion. It being evident that tapping and injection would be useless, and her health being excellent, the extirpation of it was proposed (its risk being fairly placed before her) and assented to. She was removed to a private ward, and while she was under the influence of chloroform the operation was performed by Mr. Bryant, on the 5th December, 1860. The incision extended from an inch below the umbilicus to an inch above the pubes. The lower cyst was then tapped, and some of the secondary cysts through its walls, whereby the tumour was reduced to about half its former size. The tumour was then drawn through and pressed down from outside, without any impediment except firm adhesion to the right side of the bladder, and which was too solid to break down; it was therefore included with the pedicle, which was otherwise in a natural state. The whole was temporarily compressed by Mr. Spencer Wells's clamp; after which a double ligature was passed through its middle, underneath the clamp and the whole tied in two portions. A few vessels had to be secured at the point where the ligatures entered the pedicle. The wound was then closed by three long steel needles, after the manner of the hare-lip operation, their ends being protected; two were passed above, while the lower one passed through the pedicle, care being taken not to pass it through the peritoneum. She

was kept under the influence of opium, and did well for forty-eight hours, when unfavourable symptoms appeared,—namely, tympanitis; vomiting; small, quick, weak pulse; white tongue; thirst, &c. These symptoms continued, with increased rapidity and feebleness of pulse, and prostration of power, till she sank, about seventy-eight hours after the operation.

The necropsy revealed universal peritonitis, of a low form, without any secondary hæmorrhage.

MIDDLESEX HOSPITAL.

LARGE UNILOCULAR CYST OF THE OVARY; OVARIOTOMY; FATAL RESULT.

(Under the care of Mr. NUNN.)

AMONGST the cases which we place upon record to-day are those of patients at the ages of eighteen, twenty, and thirty years—periods of life that are favourable to operation, if it is done before the disease has become somewhat advanced, and adhesions have formed. There can be no doubt that the best line of practice is an early removal—as soon, in fact, as enlargement of the ovary can be made out; we believe we should then have fewer fatal cases to record. Unfortunately, however, patients will not seek for relief until the tumour has become considerably developed, and in the meantime it will have undergone important changes for the worse. (For the notes of the following case we are indebted to Mr. F. H. Watts, house-surgeon to the hospital.)

H. E——, aged twenty, servant-maid, was operated on by Mr. Nunn on Monday, July 30th, 1860, at two P.M.; incision, five inches. The cyst, containing from three to four gallons of a clear, yellow, serous fluid, was generally adherent to the wall of the abdomen, but especially so towards the right side, and also to the lower margin of the great omentum. After drawing out the cyst, a clamp was placed on the pedicle, up to which the wound was closed by interrupted sutures of iron wire. No considerable hæmorrhage into the cavity of the abdomen was observed. The patient survived until seven A.M. on the Friday following, or eighty-nine hours after the operation.

Persistent vomiting of whatever was taken into the stomach was the chief characteristic of the case; flatulent distension proving, as is usual, one of the greatest causes of distress.

At forty-five minutes past eight P.M., on the 30th of July, the pulse was 108; at midnight, 136. On the 31st it was 148; Aug. 1st, 138; Aug 2nd, 150.

At the post-mortem examination, a large quantity of bloody serum was found in the abdominal cavity, and a coagulum of several ounces in the right hypochondriac and lumbar regions, doubtless due to hæmorrhage from an omental artery. There were but slight traces of adhesive peritonitis, and fewer of reparative action at the wound in the abdominal parietes, or of inflammatory action at the point of application of the clamp to the pedicle, or, in other words, to the broad ligament of the uterus.

The symptoms of peritonitis were not distinctly manifest until the 2nd of August, when the pain and tenderness of the abdomen became more decided, and distension began to take place. On the day preceding, considerable hopes of recovery were entertained.

LONDON HOSPITAL.

MULTILOCULAR OVARIAN CYST OF VERY LARGE SIZE; OVARIOTOMY; FATAL RESULT.

(Under the care of Mr. CURLING.)

THE patient was a well-nourished girl, eighteen years of age, who was sent up from the country to Mr. Curling, for the purpose of undergoing an operation for the removal of an ovarian tumour. She had been tapped three times in quick succession, and on her admission into the hospital the abdomen was enormously enlarged. The tumour was first noticed three years before. Since her arrival in London, it was found to be polycystic; all relief by tapping, therefore, was illusory. The tumour involved the left ovary, and had so distended the abdomen as to push up the thoracic viscera and project the lower ribs. Externally several broad grooves were observed, indicating the divisions of the cysts. The character of the tumour, its large size and rapid increase, showed its unfavourable nature, and that life could be prolonged but a few months. After consultation with his colleagues, therefore, Mr. Curling determined to perform ovariotomy.

The operation was performed on the 24th of February, 1860, when the patient was under the influence of chloroform, in a private ward, previously well heated. The abdomen was laid open from the umbilicus to within a hand's-breadth of the pubes, and subsequently the incision was prolonged two inches further upwards. Very extensive and firm bands of adhesion united the tumour to the anterior and lateral parietes of the abdomen. These were carefully broken through, but much force was necessary to do this. The omentum was adherent to the upper part, and three ligatures were applied before division. Not less than a dozen large cysts, filled with a thick, viscid fluid, of various colours, were evacuated before the tumour was sufficiently diminished to allow of its passing through the incision. The pedicle was broad, and a clamp was securely applied, without any undue traction on the uterus, &c. The operation, although prolonged, was almost a bloodless one. The wound was closed by deep sutures of silk and of wire alternately, and the ligatures applied to the omentum were all secured, so that the tied parts were external to the peritoneum. She was quiet after the operation, with a good pulse and aspect. She passed a comfortable evening, and slept fairly through the night. In the morning, she complained of distressing thirst, and was restless, the skin became hot and dry, the respiration rapid, the pulse scarcely perceptible, and she died rather suddenly in the afternoon.

At the post-mortem examination, made two days after death by Mr. Griffiths, the house-surgeon, a considerable quantity of blood-stained serum occupied the depending parts of the abdominal cavity, but there was no coagulum whatever. The intestines were not distended, and although congested, showed no signs of actual peritonitis. The omentum and the parietal peritoneum, where the adhesions had existed, showed, of course, signs of contusion, tearing, &c., but not at all more than was expected. The remaining organs were all healthy.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

MR. FERGUSSON, PRESIDENT.

TUESDAY, JAN. 1ST, 1861.

THE minutes of the last meeting were read and confirmed.

The financial statement and annual report were read by the Hon. Surgical Secretary, Mr. Thompson.

It was proposed by Mr. BROOKE, and seconded by Dr. GIBB,—"That the report read be received and adopted." Carried unanimously.

TUMOURS INVOLVING THE RECTUM AND ADJACENT PARTS.

Dr. SCHULHOF exhibited this case. He believed it to be an example of malignant disease. It was remarkable that very little pain had been suffered by the subject of it.

Mr. ASHTON regarded it as an example of cancer of the rectum; such cases are common. He had observed them sometimes associated with very little pain, diarrhœa being the main symptom existing for a considerable time. Vomiting did not usually occur unless there was occlusion. In answer to a question from Dr. Schulhof, he might state that, unless the disease very largely affected the bladder, urinary symptoms were not often present.

Mr. ADAMS and others entered on the discussion.

The PRESIDENT confirmed Mr. Ashton's experience respecting the painlessness of some examples of malignant disease of the rectum.

Mr. PRESCOTT HEWETT stated, that this character was observed in the last instance he was called upon to examine, and gave interesting details of it at some length. Six weeks of absolute constipation had preceded death, occurring from the occlusion of the bowel. Fæcal matter had escaped from the bowel into the peritoneal cavity for some time before death. This very remarkable occurrence had been witnessed by the speaker on one occasion previously.

INTUSSUSCEPTION IN THE HORSE.

Dr. GIBB presented this specimen for Mr. Curran. The animal was a small black horse, who exhibited suddenly severe

symptoms of some abdominal affection, and died twenty-four hours afterwards. At the post-mortem, obstruction, large fæcal accumulation, and great congestion of the intestine appeared. Intussusception of small intestine, to the extent of about twelve inches, was the cause of the obstruction.

Mr. CANTON exhibited a specimen of

ANEURISM OF THE APEX OF THE LEFT VENTRICLE OF THE HEART,

removed from a gentleman, aged forty-nine, who died suddenly during the night. He was a large, well-built, muscular man, and, up to the time of his death, had always enjoyed good health. No heart symptoms had ever been complained of, and he is not known to have suffered from rheumatism. Lying over the pericardium were large rounded masses of fat, which entirely concealed this membrane from view. The pericardium itself was intimately adherent to the heart in every part of its extent, and, to some degree, to the great vessels at the base of the organ. The left ventricle of the heart was much hypertrophied, except at and above the apex, where the walls were exceedingly attenuated at the expense of the inner portion of them. The parietes of this dilated part—which was large enough to contain a plover's egg—were composed without of adherent pericardium and degenerated muscular tissue, and within the endocardium, thickened and opaque. To the latter were firmly attached some small flakes of old and laminated fibrin. The dilated part was otherwise smooth, being entirely destitute of fleshy columns; and the endocardium immediately above the wide and direct opening of communication between the aneurism and the ventricle was thickened and quite opaque.

Dr. QUAIN trusted that Mr. Canton would further examine this interesting specimen in relation to microscopical appearances, and traces of previously existing inflammation.

In answer to Dr. Ogle, Mr. CANTON stated that no symptom had occurred during life, and consequently no examination of the heart had been made. He died suddenly in the prime of life, and apparently in excellent health.

Mr. H. LEE wished to know whether the kidneys, liver, or any other organ, exhibited patches of fibrin.

Mr. HUTCHINSON showed a case which he thought interesting in connexion with one shown by Mr. Adams at the last meeting. The first illustration was a drawing of a very large ulcerated tumour occupying the abdomen of a child, who ultimately died. At the post-mortem examination, the two recti muscles were found very wide apart, and the pyramidales were wanting.

Mr. ADAMS gave fresh particulars of his case.

Mr. CANTON alluded to a case in which not only abnormal opening of the abdominal walls existed, but deviation also in the intestines and liver, as well as spina bifida and club-foot. He thought such abnormities often coexisted. He wished to know if Mr. Hutchinson had observed any such changes in this case.

Mr. HUTCHINSON stated there were no other such changes in the case he had exhibited.

The President and Mr. Prescott Hewett remarked on this subject.

Mr. LAWRENCE exhibited a specimen of an Eyeball which he had removed from a girl aged sixteen, supposed to contain bone, but of which a fuller examination was requested.

Dr. QUAIN proposed the thanks of the Society to Mr. Fergusson. The President had attended every meeting—both ordinary and Council meetings. He (Dr. Quain) need only remind the members of the mode in which Mr. Fergusson had presided over them to ensure a hearty vote for his two years' valuable services.

Mr. BROOKE warmly seconded the motion, concurring in all that had fallen from Dr. Quain.

The vote was carried by acclamation.

The PRESIDENT acknowledged the warm reception afforded him. He had felt the honour of election as a great one two years ago, and his experience had enhanced his estimate of that honour. He had been a worker in the field of practical labour of late years; minute pathological research had greatly advanced since that time. Then, the noble volume of Baillie was the only handbook for the pathologist. Since that time how much had been done! and laborious must be the student of his profession who could maintain himself abreast of the present and growing state of knowledge. He congratulated the Society on its flourishing state—on its recognised authority throughout the profession, opinions being asked of it on pathological subjects from every part of the kingdom. He looked upon the work which had been done by the Pathological Society during its existence as of the greatest value, and that connected with the highest departments of professional knowledge. He could but remark that in this Society new matter was constantly coming forward—that sources of information were constantly opened for the student of pathology, but that matter was also often produced which was useful to the old and proficient. He believed that a great future was in store for the Society, which absorbed into its ranks the best and most rising men in the profession.

Mr. PRESCOTT HEWETT proposed a vote of thanks to the retiring Medical Secretary, Dr. Ogle, to whom the Society was greatly indebted. He had performed his duties in a manner which redounded to his own credit and the welfare of the Society.

Dr. WOOD seconded the motion, which was carried by acclamation.

Mr. ADAMS proposed a vote of thanks to the retiring officers, which was seconded by Dr. GREENHALGH, and also carried.

WESTERN MEDICAL AND SURGICAL SOCIETY.

MR. LEGGATT, V.P., IN THE CHAIR.

MR. JAMES LANE read a paper

ON PLASTIC OPERATIONS ON THE VAGINA AND PERINÆUM, ILLUSTRATED BY CASES.

A short clinical history was given of five cases of vesico-vaginal, recto-vaginal, and urethro-vaginal fistula, recently under the care of the author, with practical remarks upon each. The first case was one of vesico-vaginal fistula, an inch or more in length, situated transversely at the upper part of the vagina, close in front of the os uteri; the posterior lip of the fistula being, in fact, formed by the anterior lip of the os uteri. The patient was a healthy woman, aged thirty-six. The operation was performed in St. Mary's Hospital on the 18th of July, 1860. Seven silver-wire sutures were employed. The method adopted was that of Dr. Bozeman, with the leaden plate or button, through the holes in which the ends of the wires were brought, and then fastened with perforated shot. The apparatus was removed nine days after the operation, and the wound was then found to be firmly united throughout. It formed a transverse seam an inch and a quarter in length, situated about half an inch in front of the os uteri. In commenting upon this case, Mr. Lane, after alluding to the improvements introduced by the American surgeons in this branch of surgery, said that in his opinion the plan recommended by Dr. Bozeman, of Alabama, though possessing some disadvantages, fulfilled the required indications better than any of the various ingenious methods that had been devised. Many surgeons, he was aware, thought that any apparatus in addition to the metallic sutures was an unnecessary complication; he believed, however, that the metallic plate greatly increased the chances of success, and was of great service in covering the wound and in protecting it from external irritation; by the gentle pressure also which it exercised on the parts, the edges were prevented from being separated by slight causes. Its especial advantage, however, was in maintaining the sutures at a given distance from each other, and thus preventing the wound from becoming shortened or thrown into folds, or altering the shape in any way by the movements of the parts. It was important to guard against the approximation of the sutures to each other, because this must always necessarily be attended with a gaping of the intervening portion of the cut surface. In this respect the single metallic plate possessed, he thought, a great superiority over any of the interrupted forms of clamp or fastening. In all these cases it was important to obtain as broad a cut surface as possible, and this might be effected by removing the edges of the fistula obliquely, instead of vertically, to the surface, bevelling them off, in fact, at the expense of the vaginal surface. He had found it advantageous to use some non-absorbent substance (a piece of tinfoil, twice doubled, answered the purpose well) to lay over the apparatus, to protect the opposite wall of the vagina from irritation. Oiled lint, which was sometimes used, absorbed all the secretions of the part, and became putrid in a few hours. It required to be changed at least once a day, and in doing this the part was necessarily more or less disturbed; whereas a metallic substance, being non-absorbent, and not encouraging putrefaction, might be left undisturbed throughout the whole treatment. When the fistula was situated high up, as in the case in question, it became necessary to use some means to draw it downwards towards the external parts. The uterus was drawn down in this instance by means of a

double thread passed through its posterior lip, and the vagina in front of the fistula was taken hold of with a vulsellum, and was also drawn downwards. It was very important, however, in doing this not to use more force or to cause more displacement of the uterus, and stretching of its ligaments, than was absolutely necessary. The operator should be satisfied as soon as the fistula was brought out at all practicably within his reach.

The next case noticed was one of recto-vaginal fistula, the result of sloughing of the vagina after a tedious labour, complicated with convulsions, and terminated by delivery with instruments. There was a recto-vaginal communication an inch and a half in length, and half an inch in breadth, its long diameter corresponding to the long axis of the vagina, and its inferior termination was situated just within the sphincter muscle. The muscle was uninjured, and its action was perfect; but nearly the whole of the fæces escaped involuntarily through the vagina.

On the 18th of March last, Bozeman's operation was performed, and seven silver sutures were used; but, unfortunately, a severe attack of vomiting and purging came on twenty-four hours after the operation, and some escape took place through the lower angle of the wound. All the rest, however, united perfectly; and the result was merely a small opening from the vagina into the rectum, just above the sphincter. The inconvenience resulting from this was so trifling that the patient was unwilling to submit to further treatment for it. A slight escape of gas, occasionally, but very rarely, takes place through it; and during a period of several months she has only twice noticed a slight oozing of fæcal matter. The contrast between her present state and her loathsome condition before the operation, was most striking.

In comparing recto-vaginal with vesico-vaginal fistulæ, Mr. Lane was inclined to think that the probabilities of failure were greater in the former than in the latter class of cases. The rectum was a more difficult viscus to manage than the bladder. The bladder could be kept at perfect rest by the retention of a catheter in the urethra, and the urine escaped without the necessity for any expulsive effort; but it was impossible to prevent the rectum from becoming gradually distended with fæcal matter, and it was impossible also for its contents to be got rid of without the assistance of its own muscular fibres, which must of necessity interfere injuriously with the newly-united parts.

Three cases were next related of urethro-vaginal, or rather vesico-urethro-vaginal fistula. One was caused by injury during parturition; another was from laceration of the urethra and neck of the bladder in the extraction of a stone; and the third was the result of syphilitic ulceration. There was complete incontinence of urine in all three. Each of the first two was completely cured by one operation, and a new urethra of fully an inch in length was obtained. Perfect sphincter power at the neck of the bladder was restored. In the third case, which had been caused by syphilitic ulceration, four operations were performed at intervals; but, in consequence probably of the unhealthy condition of the parts, only partial success had been obtained. She was able, however, to retain her urine in small quantity, and her clothes were no longer in a constant state of saturation, as was formerly the case. In these urethral cases the parts are more accessible for the purpose of operation, but this advantage is more than counterbalanced by the difficulties in the after-management, arising from the necessity of keeping a catheter constantly in the bladder, and the impossibility of preventing this instrument from pressing injuriously upon the newly united part. The mode in which this object may best be effected was then explained in detail.

On the subject of the operation for ruptured perinæum, Mr. Lane described a method which he had adopted, and which he thought possessed some advantages over the plan commonly followed. It combined the principle of the quill suture with the advantage of single wire threads passing through the tissues. The quills were represented by bars of ivory or metal, perforated with holes, through which the ends of the silver wires were passed and fastened in a manner of which a detailed explanation was given.

A HEALTHY PARISH.—In the parish of Innerleithen, which has a population exceeding 1500, there have been no deaths during the quarter just passed. During the whole of the year 1860 there have been only 15 deaths, giving a death-rate as low as 10 per thousand. Of these 15 deaths there were only two below five years of age, one of the two dying a day or two after premature birth.

Reviews and Notices of Books.

THE JOURNALS, ETC., FOR THE QUARTER.

THE *British and Foreign Medico-Chirurgical Review* (No. LIII.) opens with an interesting article, entitled, "Man and Climate," the main purport of which is to show the nature of certain climatorial conditions of the Arctic Circle, and their influence upon the constitution of such as are not natives of the place. The inference is arrived at, that the popular idea that some of Franklin's party might yet be, or until very lately have been, alive in the desolate regions of the North, is an erroneous one. The writer states that "even the Eskimos themselves are dying out in some places; the climate is so horrible, even they cannot endure it. Such is the case, according to Kane, within Smith's Sound." The next article to which we may direct attention, is that on "The Chemistry of Amyloid Degeneration." The *résumé* of the writer of it is, that "with the present amount of knowledge, it is clear no absolute decision can be arrived at on the question whether the material of so-called amyloid degeneration belongs to the starch series.....Since the subject was started by Virchow, the hypothesis of the amylaceous nature of waxy degeneration has been pretty extensively accepted, but it appears to us..... that the balance of evidence is against it." We have a good temperate article upon "Tobacco," and a lengthy and rather heavy essay upon "Medical Introductory Lectures." The original communications are—Laycock "On Cutaneous Discoloration;" Handfield Jones on "Pneumonia," and Furneaux Jordan on "Surgical Miscellanies."

A well-known serial appears this time under a slightly-changed name, and a new publisher, (Mr. Davies, of Princes-street, Leicester-square.) Dr. Forbes Winslow's Review commences a new series, under the title of *The Medical Critic and Psychological Journal*. Several changes are contemplated. Each number is to be enlarged to two hundred pages. One-half of these are to be devoted to psychological subjects, and the other half to articles bearing upon general medical politics, literature, and science. The new Part contains twelve articles, a chapter of "Medical Gossip," and an "Analysis of Foreign Medico-Psychological Literature." The whole is preceded by twenty-two pages of "Quarterly Retrospect." Under the latter heading are discussed, Tobacco-smoking, the Correlation of the Moral and Physical Forces, Legislative Interference in Morals, Book-hawking, Labourers' Cottages, Drainage, and the Plea of Insanity. These topics are handled in an acute and interesting way. We have next an article upon "The Marvellous," which we recommend to the perusal of those silly souls lately gone mad on "Spiritualism." After a few pages on "Diphtheria," Dr. Hood's views upon Criminal Lunatics are canvassed. This gentleman receives a little critical admonition at the hands of the writer. Dr. Latham, of ethnological and linguistic reputation, follows with a clear and able article, "On the Exposition of the Principles and Details of the Syllogism." The fifth paper, on "Specialists and Specialties," takes, in our opinion, too much of a one-sided view of the question. What we think about it, our readers well know. All alienists will be pleased with the translation of the paper of M. Brierre de Boismont, upon "General Paralysis." The article on "Medical Evidence —the Colney Hatch Case," merits great consideration. Few can read it without some instruction. It reveals to us, upon the one hand, three well-known hospital surgeons of London asserting upon oath (on a charge of manslaughter)—1, That the fact of lunacy would make no material difference in the judgment to be formed of the consequences of certain severe physical injuries; 2, That those injuries were of so grave a nature, that it was "impossible" that the person subjected to them could have lived more than a very brief period after their infliction; or supposing him to have lived for a longer or shorter time, that he would have exhibited manifest symptoms of serious

disorder. Upon the other hand, we have proved to us, that the recorded experience of all alienist pathologists completely negatives these positive assertions. The only other article we shall specially refer to is, "In Memoriam, Robert Bentley Todd."—There are two important points in the modern history of insanity. One is the wondrous improvement in the treatment of lunacy, as exemplified in the "non-restraint system." Humanity and science were here nobly conjoined in its introduction, and for their conjunction the world at large is indebted first to Pinel, then to Charlesworth and Dr. Conolly. The other is the union of it to general and medical literature, and its continuous, varied, and copious illustration by the pens of the master-minds of the day. For this—for the elevation of all questions connected with mental aberration into the public arena of scientific and literary discussion, we are indebted to Dr. Forbes Winslow.

The Journal of Mental Science (Vol. VII., No. 36,) contains a good lecture by Dr. Sutherland, and a flippant review of Laycock and Winslow, in which the respected editor of the journal we have just noticed is most unworthily treated. The report of the "Maryborough Investigation" unfolds a state of affairs between the medical officers of a public asylum which we can only liken to what it has been our misfortune to publish lately concerning some of our colonial establishments.

The North American Medico Chirurgical Review (Vol. IV., No. 6), analyzes the works of Frerichs, Garrod, and Winslow; and contains, in particular, an original communication by the senior editor (Dr. Gross) upon the "Origin of Ovariotomy, with an Account of the Life and Services of the late Ephraim M'Dowell." This paper is worthy of the attention of the ovariotomists of this country.

The First Part of the *Transactions of the Epidemiological Society of London* is before us, containing a selection of materials from the papers which have been read at the monthly meetings since November, 1859. These consist of the President's Address; a paper by Dr. B. W. Richardson "On the Theory of Zymosis;" the Report of the Diphtheria Committee; together with Suggestions for Utilizing the Statistics of Disease amongst the Poor, by Dr. Milroy; and a good Memoir upon the Topography and Diseases of the Gold Coast, by Mr. Robt. Clarke.

In the *Journal de la Physiologie* (Tom. III., No. 12), Dr. Richardson concludes his paper upon the "Synthesis of Cataract;" MM. Robin and Magitot continue their Memoir "On the Development of the Dentary Follicles;" and M. Chauveau contributes some notices connected with the Circulatory System of the Horse.

The Edinburgh Veterinary Review (No. IX.) does not present anything this month to which we need specially direct attention.

In the *Levant Quarterly Review* (No. II.) may be found a short paper by Hyde Clarke upon the "Ngas-Ngas, or Negroes with Tails." Concerning this curious topic, a letter lately appeared in *Notes and Queries*, and as further information was requested upon it, we may refer the inquirer to Dr. Clarke's remarks.

New Inventions

IN AID OF THE

PRACTICE OF MEDICINE AND SURGERY.

CALKIN'S OCCHIOMBRA, OR TRANSPARENT EYE-SHADE.

WE have much pleasure in drawing attention to a new eye-shade, invented and patented by Mr. Calkin. Its advantages are, that it protects the eyes from wind or dust, and softens the glare of the sunlight; allowing, at the same time, of perfect vision. Where the eyes are very weak or inflamed, the thickness of the covering may be increased, without entirely destroying its transparency; it provides also for proper ventilation, allowing of the escape of all heat and perspiration.

It consists of a very light double wire frame, covered with a transparent gauze, or other material, according to circumstances. One portion of the frame rests upon the nose, and, passing along the face below the eyelids, forms a closed chamber for the eye from below, with a ventilation along its whole length above.

To those resident in tropical climates, and to Alpine excursionists, it will be of great benefit. Messrs. Weiss are the wholesale and retail agents.

THE LATE CASE OF CÆSAREAN SECTION.

To the Editor of THE LANCET.

SIR,—Since writing my report on this case, the child has become ill and died. The mother, being convalescent, and having resumed her household duties, was anxious to have charge of the child herself, and at first suckled it. Her apartment, however, was totally unfit for the reception of so young an infant during the late intense frost. It got chilled, a severe attack of aphthæ came on, it was unable to suck, and soon sank.

This may appear irrelevant to the operation, but I thought it well to ask you to record the fact. The mother has perfectly recovered.

I am, Sir, yours faithfully,

Spital-square, Jan. 7th, 1861. JAMES EDMUNDS, L.R.C.P. Ed.

THE CYSTICERCUS CELLULOSUS TRANSFORMED WITHIN THE ORGANISM OF MAN INTO THE TÆNIA SOLIUM.—It will be remembered that M. Küchenmeister, a very patient experimentalist, endeavoured to prove this transformation first upon animals and subsequently upon a human being. In the latter case, the cysticercus, concealed in food, was given to a woman lying under sentence of death, 72, 60, 36, 24, and 12 hours before execution, when four young tæniæ were found in the duodenum, and six more in the remainder of the intestinal canal. Experiments were also made, some time back, by a young man under the observation of M. Leuckart, and by M. Humbert, when fragments were discharged two or three months afterwards. But doubts might be raised respecting all these experiments, especially as to the previous existence of any ova within the intestinal canal. M. Küchenmeister, however, had an opportunity towards the latter end of 1859, as stated by the *Deutsche Klinik*, of renewing the experiment in conjunction with Dr. Siebenhaar. The first injection of cysticercus took place Nov. 24th, 1859; and the second on the 18th of January, 1860. The prisoner was decapitated on the 31st of March; and at the autopsy it was found that half the cysticerci that had been swallowed were transformed into flat worms, of which eleven presented mature segments. Some of the latter were still connected; the others were detached, and moved towards the lower part of the canal. There were eight other worms, which had not ripened as yet. All these parasites were comparatively small, the longest not reaching beyond five feet.

THE LANCET.

LONDON: SATURDAY, JANUARY 12, 1861.

ONE of the advantages which the Warrant of Oct. 1st, 1858, has conferred on the medical officers of the British Army is the increase of their pay and pensions; but this subject has been entirely omitted in framing the Warrant for the Indian Service, dated Jan. 13th, 1860. The pecuniary advantages conferred on the medical officers of the British Army greatly exceed those of combatant officers holding the corresponding grades of military rank. These advantages were decided upon as the result of the inquiry instituted by the Royal Commission of 1857, and of the recommendations made by it to her Majesty's Government. No reason has been attempted to be given why the arguments used by the Commissioners with respect to the medical officers of the British Service should not apply with equal force to those in the Indian Service. But so far from there being any equality in this respect, the pecuniary advantages of the latter are far inferior to those enjoyed by the combatant officers of the Indian Army holding the corresponding grades of military rank. The following tables will make this matter perfectly clear:—

Pay Table, H.M. British Army, exclusive of Field and all other Allowances.

Military Ranks, and corresponding Medical Ranks.		Daily Pay of Mil. & Med. Officers, H.M. British Army.
Major-General		£1 5 0
Inspector-General of Hospitals, after 3 years' service as such	after 30 years	2 5 0
	after 25 years	2 0 0
Colonel		1 5 0
Deputy Inspector-General, after 5 years' service as such	after 30 years	1 14 0
	after 25 years	1 10 0
Lieutenant-Colonel		1 0 0
Deputy Inspector-General, on appointment	after 20 years	1 8 0
Lieutenant-Colonel		1 0 0
Surgeon-Major	after 25 years	1 5 0
	after 20 years	1 2 0
Major		0 16 0
Surgeon, after 15 years		0 18 0
Captain		0 11 6
Assistant-Surgeon, after 6 years' service		0 13 0
Lieutenant		0 7 6
Assistant-Surgeon		0 10 0

Pay Table, H.M. Indian Army; Half-Batta Rates, exclusive of Field and other Allowances.

Military Ranks, and Corresponding Medical Ranks.	Monthly Pay of Military and Medical Officers, H.M. Indian Army. R.	A.	P.
Lieutenant-Colonel	827	14	6
Surgeon-Major	374	1	0
Major	640	14	6
Surgeon	374	1	0
Captain	374	1	0
Assistant-Surgeon, after six years' service	320	12	0
Lieutenant	225	12	0
Assistant-Surgeon	225	12	0

From the foregoing tables it will be clearly demonstrable that the *medical* officers of H.M. British Army enjoy, in every grade of rank, a higher rate of pay than *military* officers; while the reverse is the case in H.M. Indian Army. This is naturally a subject of much complaint amongst British medical officers serving in India, as we have before observed, who are deprived of those advantages of their relative rank which they enjoy in all other parts of her Majesty's dominions. A few years ago the medical charge of a Queen's regiment serving in India was considered one of the best appointments a medical officer could hold; but since their relative position at home and in the colonies has been so greatly improved, no one who understands the state of the case is willing to go there. The same remarks apply with greater force to the furlough pay of Indian medical officers as compared with that of British medical officers, and with the military officers of both Services, as is very perceptible from the following table:—

Furlough Pay table of both Services.

Military Ranks and corresponding Medical Ranks.	Furlough Pay of Military and Medical Officers, H.M. Brit. Army. £	s.	d.	Furlough Pay of Military and Medical Officers, H.M. Ind. Army. £	s.	d.
Major-General	1	5	0	1	5	0
Inspector-General of Hospitals, after three years' service as such	2	5	0	1	5	0
Colonel	1	5	0	1	5	0
Deputy Inspector, after five years' service	1	14	0	1	0	0
Lieutenant-Colonel	1	0	0	1	0	0
Surgeon-Major	1	5	0	0	10	6*
Major	0	16	0	0	16	0
Surgeon	0	18	0	0	10	6
Captain	0	10	6	0	10	6
Assistant-Surgeon, after six years' service	0	13	0	0	6	6
Lieutenant	0	6	6	0	6	6
Assistant-Surgeon	0	10	0	0	6	6

The disparity between the pensions of medical and military officers as they have existed since 1842 has been already alluded to; it remains now to be shown how very inferior the pensions of the Indian Army are to those of the British Army, remembering, as already stated, that the former are regulated by length of service only, and the latter according to rank. Bearing in mind that the *whole period* of the service of Indian medical officers is passed under a tropical sun, and that of British medical officers either in Great Britain or in the Colonies, many of which enjoy a European climate, it might naturally be inferred that any difference existing in the rates of pension would be in favour of tropical servitude; but the reverse is the case. Nothing can be more unjust than that a marked difference should be suffered to exist in two kindred Services which it has been the *professed* object of two Royal Warrants to assimilate, and place on a footing of perfect equality. But the injustice does not end here. A period of superannuation has been fixed upon for both Services, beyond which medical officers are not to be allowed, in future, to remain in the Service,—namely, fifty-five years of age for the executive grades, and sixty-five years for the administrative grades. In establishing this rule for the medical officers of H.M. British Army, the Warrant of 1st October, 1858, has provided a higher and special scale of pensions to compensate those who are so removed from the Service; and it seems almost incredible that the same rule has been ordered for

* A late order allows £1 5*s.* for the first six months, if on sick certificate; but after that, 10*s.* 6*d.* only.

those of the Indian Army, but with no corresponding scale of pensions or advantages of any kind, being granted to them. From the following table it will be seen how unequal are the scales of pension in the two Services:—

Table of Pensions of both Services, arranged according to length of service.

—	Pensions, H.M. British Army.	Pensions, H.M. Indian Army.	Difference in favour of H.M. British Army.
	£ s. d.	£ s. d.	£ s. d.
After 5 years ...	146 0 0	73 0 0	73 0 0 less
„ 10 „ ...	182 0 0 to £200	73 0 0	109 0 0 to £127 less
„ 15 „ ...	246 7 6	127 15 0	108 0 0 less
„ 17 „ ...	246 7 6	191 12 6	54 15 0 ditto
20 to 21 ...	301 2 6 to £346	250 0 0	51 0 0 to £296 less
25 „ ...	337 12 6 to £611	300 0 0	37 0 0 to £311 less
29 to 30 ...	465 7 6 to £684	365 0 0	100 0 0 to £319 less
32 „ ...	684 7 6	500 0 0	184 0 0 ditto
35 „ ...	684 7 6	700 0 0	15 12 6 higher

The column of difference in the above table shows clearly how great is the preponderance in favour of the British Service, it being in every case greatly in excess of the pensions of the Indian Army, except the highest pension after 35 years, which is only £15 12*s.* 6*d.* higher than the pension after 30 years in the British Service; 30 years being the limit of servitude in the latter, while it extends to 35 in the Indian Army. But it must be observed of these two scales, tabulated together, that one is the new superannuated scale, and the other the old scale by length of service.

Previous to the year 1854, when the system of competitive examinations was introduced for candidates for Indian medical appointments, there was no limit to the age at which assistant-surgeons might enter the Service; and although twenty-four may be taken as the average age, still there were many of late years who did not enter it until they were upwards of thirty. All those who entered the Indian Service previous to 1854, did so on the faith and covenant of having a scale of pensions, ranging from £191 to £700 per annum, assigned to them by length of service without reference to age; but as fifty-five has now been fixed as the age at which all surgeons shall be forced to retire from the Service, only those few who may survive to be selected for the grades of Deputy-Inspector or Inspector-General can ever hope to attain to any pension above £365, as the superior pensions of £500 and £700 are not attained until after 32 and 35 years' service, when even those who entered the Service at the early age of twenty-four will have exceeded the superannuation age at which, it would seem, they are now to be compelled to retire.

To induce men to enter the Service with the prospect held out to them of a high scale of retiring pensions for length of service, and subsequently to introduce a rule compelling them to retire before they can possibly attain to the higher rates of pension, is not only a mockery, but a gross injustice. It has never before, in any army, been the practice to alter the terms of enlistment, or covenant, to the detriment of either individuals or classes of officers; and in this instance to carry out such rules would be a breach of the Act of Parliament under which the Forces of the Hon. East India Company were transferred to the Crown.

Before quitting the subject of grievances, another invidious distinction remains to be noticed between the two Services—that which excludes the officers of the Indian Service from the *good service* pensions (see paragraph 25 of the Royal Warrant of October, 1858, and which has been entirely omitted from the Indian Warrant of 1860). The latter Warrant also proposes to allow to the widows and families of medical officers the same allowances as are granted under existing regulations to the families of combatant officers holding similar relative rank. This is no doubt the case in H.M. British Service; but as the allowances to families of officers of H.M. Indian Service are derived from *Military Fund institutions*, and as the benefits are regulated according to rank and the rate of pay which the subscribers receive, the families of medical officers subscribing to those funds do not derive the same benefits as the families of combatant officers, so long as they are deprived of the pay of relative ranks assigned to them.

Surely sufficient has now been said to account for the growing unpopularity of the Indian Medical Service. The importance of having educated and efficient medical officers for the charge of our army in India in these days is self-evident. The medical treatment of so large a body of European troops as is now required to garrison our eastern empire cannot be neglected, or left, as apparently it soon will be, should the warning be rejected, to men of the smallest education and ability, for none else will be found to accept Indian appointments.

The Warrant of 1860, in giving increased relative rank to the medical officers of H.M. Indian Army, distinctly declares "that such relative rank shall carry with it all precedence and advantages attaching to the rank with which it corresponds;" but notwithstanding this clear and distinct announcement, medical officers are still deprived of the pay of their relative ranks. The question may well be asked, what are the advantages intended to be conferred on medical officers by this Warrant if the pay of the relative rank is not considered to be one of them?

It became our duty not many weeks since to lay before our readers an account of some late proceedings at the Melbourne General Hospital. We presume we were not singular in deploring that colonial professional jealousy and quarrelling should have gone to such an extent as they appear to have done. At the same time no one could doubt the propriety of infusing some new blood into the Melbourne Hospital. The staff of this institution has lately been increased, and upon our table is now lying a heap of the circulars, advertisements, and puffs—for they are truly so—to which colonial canvassing gave rise. When there is anything to be fought for in the old country,—an hospital or union appointment, for example,—considerable electioneering latitude or licence is at times displayed. But we are left far behind by our *confrères* at the antipodes. They have amongst them a coherency and solidarity—to use the new term—upon one point certainly, however they may disagree upon other subjects. They all agree that each individual should run down his neighbour, but cry up himself; and they accomplish this duty or pleasure, whichever it may be to them, in a manner we should hope not to be excelled. They may differ a little in detail; but all may be said to well attain their object. One gentleman, if elected, "pledges himself to bring to the investigation of dis-"eases all means of research available to the scientific phy-"sician, and to exercise towards indigent and suffering hu-"manity kindness and consideration;" the other candidates not being considered, of course, up to this mark. We have before us also an advertisement of the same gentleman relative to "Lectures to nurses on the principle adopted by the most

"distinguished physician-accoucheurs in Europe and America." ....."Causes of death—neglect of umbilical cord." (See "Vital Statistics of Melbourne and suburbs during August last.") In the flush and heat of the battle, some of the candidates lose their English grammar, and forget their English language. The circular of one talks of "having educated at St. Bartho-"lomew's Hospital.....contracted by attendance to their pa-"tients." Another respectfully solicits the votes and interest because he is "Surgeon to the Benevolent Asylum and the Royal Victoria Yeomanry Cavalry." A fourth tells the governors that he "holds most honourable testimonials; the originals may be seen at 18, Lonsdale-street East." To crown all, a "Member of the Medical Society of Homœopathic Phy-"sicians, France, and Licentiate from the Western Homœo-"pathic College of the United States," rushes into the fray, offering himself as physician to the hospital, because "there "should be medical freedom for the poor as well as religious "liberty." One gentleman takes it very good humouredly: "It is now a long time since I first arrived in Melbourne. I "am one of the oldest practitioners here, and finding 'there "is life in the old horse yet,' I am induced to come forward "and announce myself a competitor for one of the vacancies." The last certificate of professional ability and modesty we shall refer to is one of the class known as the "puff oblique." JAMES ACKLESHAW writes a letter in the form of an advertisement to the Editor of the *Argus*, and which is printed at the end of a long list of advertisements of candidates for the new appointments. In this letter we are told how, after he had been a patient for four months in the Melbourne Institution, whence he was discharged without receiving any benefit, or having even the bullet extracted, that he was obliged to have recourse to Dr. BEANEY. The happy result was that the patient was "perfectly restored to health within the short period of three weeks." Dr. BEANEY, we may observe, was a candidate for a surgeonship to the hospital.

As the Melbourne General Hospital and the Public Lunatic Asylum at Yarra Bend have made their *début* in public and professional squabbles, it would not seem fair to deprive the Melbourne Lying-in Hospital of a similar privilege. Accordingly it is being introduced by a *fracas* between Dr. TURNBULL and Dr. MOTHERWELL. A quarrel arises about the admission of an unmarried female into the institution. Hard words follow between these gentlemen. One says, "She did not apply for admission, for reasons best known to Dr. MOTHERWELL." The latter replies, "Sir, I have treated, and always will treat, "such slanderous stabs in the dark with the contempt they "deserve." Then follow letters without end from different "Subscribers" to the charity; and finally Dr. WILLIAM PACE GEOGHEGAN discovers himself, in print in a public newspaper, saying that "which probably may prove not displeasing to the "Ladies' Committee, but beneficial to the poor parturient "women of Melbourne and the colony at large." Kind Dr. GEOGHEGAN!

It is not improbable that those immediately interested in these colonial professional and party quarrels may think that we know but very little about the matters in dispute. Be it so. We are sure, however, that what little we do know has made us feel quite ashamed at the state of the medical brotherhood which has for some time existed in the colony of Australia.

FROM the report which was published at page 596 of THE LANCET, Dec. 15th, 1860, it appeared that Mr. EVAN THOMAS, at his trial at the Chester Assizes on a charge of manslaughter, was fully acquitted. It would seem, however, that Mr. THOMAS has not yet had enough of publicity, as a communication from his solicitor intimates to us that another trial arising out of the death of the child, FRANCIS TIMLIN, is in contemplation. Certainly, at the investigation before the Coroner, and at the trial, the evidence was very incomplete, from the absence of Mr. THOMAS as a witness. Of course he could not have been required to give evidence on those occasions. Should another trial take place, the plaintiff will necessarily be called as a witness, when, in all probability, not only will his surgical examination be somewhat amusing, but the facts disclosed in it must render the history of the case quite complete.

Medical Annotations.

"Ne quid nimis."

ST. GEORGE'S HOSPITAL.

THE devotion of a full column of the largest type, in the leading journal, to the discussion of matters connected with the election of a secretary to a London Hospital, is a circumstance which can hardly fail to arrest attention. It is rarely that any of our great hospitals, in their utmost need, although always generously supported by the influence of the press, and especially of *The Times*, is favoured with so highly prominent a notice. We could wish the great occasion had been utilised for any other object, in relation to that hospital, than the discussion of what seems to be a purely personal quarrel, and on a point of very minor administrative importance.

The object of the long and energetic letter which appeared in *The Times* of Tuesday last, was to implore all the governors who valued the prosperity of the hospital to come down on a certain day, and to vote in a particular way, at the election of a new secretary. The reasons were very fully stated, and with considerable power of language, and very evident sincerity. But, after reading them through very carefully, we confess we are quite unable to understand how the points at issue at all affect the great question of the prosperity of the hospital, or how the facts stated warrant the conclusions at which "A Governor of St. George's Hospital" has arrived.

Let us analyze them. Consequent upon the death of the late Mr. Gunning, it was necessary, according to the bye-laws, to elect a secretary to St. George's Hospital. Mr. Gunning had for fifty years acted as *secretary* and solicitor to that institution. During the latter part of his life he had been unable to perform all the duties of his office, and an assistant-secretary was granted to him. The salary attached to the office of secretary at this hospital is £150, although Mr. Gunning had for some time received £400 annually for his long services in a double capacity. Formal steps were taken by the board to procure a successor to Mr. Gunning, and Mr. Holmes, continuing to act as assistant-secretary, was requested to issue advertisements calling for competitors, to receive and respond to the inquiries of intending candidates, and to inform them that "a preference would be given to gentlemen who would pledge themselves to resign, if called upon, at the end of three months." Mr. Holmes drew up an advertisement, as advised according to former precedents, in which the salary was not mentioned; and he observes that if he had departed from that precedent, and stated the salary at £150, its actual amount, he might have exposed himself to insinuations of a no less pungent character than those which have been founded upon the omission.

It happens also that the majority report of a committee is under the consideration of the board at St. George's, which advises radical changes in the whole system of the executive. Hence, when candidates came to inquire into the little realities of the advertisement, which, as it seems to us, Mr. Holmes is only chargeable with having worded too seductively, they found that they were invited to compete for an office requiring no inconsiderable labour, and a special kind of experience, and paid at the rate of £150 per annum, with the prospect of having to canvass rapidly a constituency of some 700 governors, in opposition to the then assistant-secretary, who had served the hospital for eight years, and, as is stated at all hands, well and faithfully—a circumstance which might probably give him a party of supporters. To succeed, then, clearly involved an energetic canvass, the well-exerted influence of some interest, and the expenditure of two or three score of pounds. The prize of this labour was an appointment of the value of something under £3 a week, which will be abolished, or totally changed, if the reform in question be carried out, within a few months. It is by no means certain that the triumphant competitor would be able to repay himself in that time his money out of pocket. These prospects we cannot consider very inviting, and for our part we are not overwhelmed with the profound astonishment which afflicted the writer of this letter at hearing that the various gentlemen who were attracted by the advertisement, after making themselves acquainted with these facts, withdrew from the competition. So violent is this governor's surprise, that he can suggest but one theory in explanation. It is the painful hypothesis that Mr. Holmes frightened these gentlemen from the field by making to them statements more or less hostile and untruthful. We think that, as a matter of art, Mr. Holmes would have found it difficult to add one sombre tint to the picture which nature had not placed there, or to heighten by any stretch of creative genius its generally gloomy and disheartening effect. As a matter of honour, we are content to accept that gentleman's published denial of the theoretical charge, backed by his appeal for confirmation to the said applicants.

THE WAGES FOR DEATH CERTIFICATES.

THE Faculty of Glasgow continue to maintain, in a very effective and persistent manner, the right of the medical practitioners of Scotland to require payment in return for the labour of furnishing to the registrars certificates of death. This remuneration, which has not been demanded by the practitioners of England and Wales, was practically denied to the profession in Scotland by the clauses of the last Act, providing for the compulsory furnishing of such certificates by all practitioners within a certain number of days after being summoned to fulfil that function. Notwithstanding energetic remonstrances, to which we gave publicity at the time, and which were brought before Parliament, the Act as passed made no provision for payment in requital of these certificates. The Glasgow Faculty, who are the mouthpiece of a large party, feel this to be a considerable hardship. They suggest, with remarkable ingenuity, that the Act, at least, does not provide against payment. This being granted, they remark that for all work done a medical practitioner is by law entitled to be paid—a proposition which we heartily affirm. Hence they conclude that where a registrar addresses to a surgeon a written request for a certificate of causes of death, and this is duly forwarded, the surgeon is entitled to payment, and can recover it in a court of law. This proposition they submitted for the opinion of the Lord Advocate, not enclosing a fee, on the highly amusing ground, that, as a member of the Government, and a man of rank and wealth, he would be above the consideration of a five or ten pound note. The Lord Advocate apparently does not relish practical jokes, and it is not, perhaps, surprising that the questions were returned unanswered. The Faculty improve the occasion by observing that his hint may not be lost upon the liberal donors of gratuitous advice in the ranks of our profession. Finally, upon further consideration, these excellent and energetic financiers resolve not to waste money upon an opinion, but, since the question, in order to be decided, must ultimately be tried in court, to summon a particular registrar who has had the misfortune, in the exercise of his functions, to transmit a letter of request, and to proceed against him civilly for payment. If they succeed, there is an end of it; if they fail, they will have established a grievance and can point to a decision, and Parliament will hear of it.

SIMPLES AND SIMPLETONS.

UNCONSCIOUS buffoonery will always carry the day over conscious acted folly. The stage fool is a poor imitator of the fool of real life. The solemn mummeries, the conceited humour, and the queer pranks of the profoundly ignorant man, who is deluded into a belief of his high intelligence and perception of truths not appreciated because ill understood, afford the most ludicrous varieties of unconscious buffoonery. An unhappy man who had fallen into the clutches of a herbalist died the other day, under circumstances which led to the holding of a coroner's inquest by Mr. Humphrey. The jury found that "the deceased died from ulceration and perforation of the stomach, accelerated by taking a quantity of cayenne pepper and herbs, administered to him by one John Stevens."

Perforating ulceration of the stomach treated with cayenne pepper! Can any torture more horrible, any aggravation more violent, be conceived? This verdict is one which justifies itself; vindicating the censure which it urges, by the fact which it alleges. The introduction of cayenne pepper into the stomach of a person afflicted with perforating ulcer is an ingenious mode of torture, a certain way of aggravating the malady, and a well-calculated means of accelerating death. The jury could not censure too strongly the ignorance and the cruelty of such a pretended treatment; they could not mark too emphatically its dangers. All this can be perceived by almost any educated person in reading the terms of the verdict. Probably it was the evident common sense of the hit which has made it strike so deeply. The ridiculous and dangerous body of men who call themselves "medical botanists," and who give, we fear, more occupation to the coroner than any other body of fanatics, however numerous, have taken the alarm at the promulgation of a verdict—not, we believe, the first of its kind—inflicting so palpable a stigma upon one of their body. They have held meetings, and publicly agitated, and otherwise comported themselves in an indescribably quaint and indecorous guise. They have passed votes of general censure upon the way in which inquests are conducted and witnesses are permitted to be heard, and upon the conduct of coroners and juries generally and this coroner and jury particularly; upon the surgeon who gave evidence; upon the necessity of breaking up the monopoly in the practice of medicine; and upon various other subjects. The cayenne pepper business is supported through thick and thin; and the verdict is declared to be "a false and libellous verdict and proceeding on the part of the coroner's inquest." We must leave it to the impersonate object of this insult to punish it. But really we do not recommend cayenne pepper in any future cases, notwithstanding the denunciations of these humorous herbalists.

LUNACY IN HOSPITAL.

AN inquest was held last week which has been paraded as an article of news, with a very ominous and unpleasing heading. The suicide of a patient occurred at St. Mary's Hospital, and alleged maltreatment by a nurse was announced as the asserted motive of the act of self-destruction. This was rather a startling charge. The existence of ill-treatment which could

even suggest the idea of suicide is by no means compatible with the discipline and the management of a public institution of unrestricted benevolence. There was very little probability of any such accusation possessing a shadow of coherence, so far as relates to the connexion of cause and effect. But it is well to find that not the shade of a fact existed upon which to found a charge of ill-treatment or unkindness. The unhappy man was apparently of unsound mind, and committed suicide in a moment of unsuspected aberration. Such incidents have occasionally occurred at other hospitals. They are always sources of painful regret, which must be greatly increased when they are coupled with charges so grave and so wholly destitute of serious foundation.

POISONOUS COSMETICS.

THE cutaneous torture which Dejanira inflicted on the contemptuous Hercules, modern dames of fashion prepare for themselves. The pearl powders, the bloom of roses, the blanc de Venus, de Cytherè, rouge de Pompadour, and the like, are, as they have been often told, but will never properly believe, compounds of bismuth, of fluorine, of the hydrated silicate of magnesia, of talc, carmine, and the mineral powders. There is no cosmetic which can ever rival the application of pure water, with the addition of oatmeal for tender skins, or delicately alkaline soap. These powders and pastes are at the best impalpable powders of flint, magnesia, bismuth, or carmine, which stop the pores and obstruct the perspiration, for which nature has made the most marvellously minute and elaborate provision; and can, when least hurtful, only limit their action to concealing, at the same time that they exaggerate, the defects which they are intended to remove. Mineral applications can only be suitable to diseased skins, and then under most skilful and intelligent direction. The lady who uses such powders or pastes cannot hope to escape a gradual and continuous deterioration of the skin and the complexion. For healthy skins their use is suicidal; and for those which require amelioration their employment is more than injudicious. The editor of the *Chemical News* has lately examined anew a number of these powders, and confirms all the harm that has been said of them.

Correspondence.

"Audi alteram partem."

VIVISECTIONAL CRUELTIES.

(LETTER FROM SIR JOHN SCOTT LILLIE.)

To the Editor of THE LANCET.

SIR,—The inhuman practice of dissecting animals while still living has recently attracted a greater degree of public attention in France and England than at any former period, with a view to its abolition, or at all events the diminution of its abuses. From the inquiries made on the subject by the London and Paris Societies for the Prevention of Cruelty to Animals, it appears that the supposed advantages of this practice in a physiological point of view are not so great as members of your profession formerly imagined. Mr. Perry, for instance, in a letter which appeared in THE LANCET of the 24th November, states "that he witnessed operations of this nature at the veterinary schools of Paris from nine A.M. till five P.M. for the instruction of pupils in practical surgery, not for the elucidation of physiological phenomena, but merely as an exercise or drill to render them expert in the use of operating instruments." That he remonstrated with the professors on the cruelty of such a practice, but in vain, although they admitted its inutility for any other purpose than that of accustoming pupils to scenes of blood and the shrinking of the flesh from the cruelties of the knife.

If such cruelties are necessary for such purposes, one would imagine that the knowledge thus acquired would be as easily obtained at the slaughter-houses of butchers or knackers'-yards. These professors at Paris might as well have replied to the remonstrances of Mr. Perry in the same manner as the cook did when accused of unnecessary cruelty in frying eels while still alive: that he thought so himself when he first commenced, but that now they had become accustomed to it they did not appear to mind it. Against such logic the friends of humanity should enter their protest.

The Paris Society for the Prevention of Cruelty to Animals, being actuated by a praiseworthy desire to provide a remedy for such revolting practices, have had a Report made on the subject by some of their most scientific and learned men, a copy of which has been sent to the London Society, which is equally anxious to co-operate for that purpose. As a member of the Committee of this Society, my object in troubling you on the present occasion is in the hope of eliciting some observations from your numerous professional readers as to whether or not such cruel practices are indispensable for the acquirement of physiological knowledge? as when doctors differ on such points, little can be expected from the unlearned members of that Committee, with a limited knowledge and an unlimited amount of ignorance as to the mysteries of the Æsculapian art. I ventured to remind certain members of that art, on a recent visit to Paris of a deputation from the London Society, that

> "Ce que nous connoissons est peu de chose;
> Ce que nous ignorons est immense."

That this observation might apply to researches for important discoveries in the bowels of the earth, with its unlimited boundaries; but how it could apply to researches in the bowels, flesh, and fibres of living animals on the surface of the earth, the boundaries of whose bodies are so limited, is incomprehensible to the uninitiated in the mysteries of that art, more particularly when they find some of its leading professors protesting against its utility, and giving the preference to experiments on dead bodies. The names of some of these eminent men are, nevertheless, quoted in this Report as *favourable* to that practice.

To the experiments of Sir Charles Bell, for instance, it stated that they considered themselves indebted for physiological acquirements so fruitful in therapeutical application, and they also gave the names as favourable to these views, of Magendie, Müller, Valentin, Longet, &c. This Report we referred, amongst others, to Mr. Macilwain, F.R.C.S., &c., who has directed his attention for a series of years to this subject, and published various observations on its inutility, and who was, moreover, a contemporary of Sir Charles Bell. Mr. Macilwain quoted the authority of Sir Charles himself, to the effect "that the object in view could be better attained after life was extinct, as he found that on having the animal put to death, he was better able to conduct the operation, not from consideration of the sufferings of the animal, but because its sensations under such sufferings interfered with the attainment of that object, and obscured his reasonings on the experiments."

Mr. Macilwain also quotes Longet, another eminent authority referred to in that Report, as approving of Sir Chas. Bell's views in favour of vivisection; whereas Longet's written opinions were, "That experiments on animals of different species, so far from leading to useful results as regarded human beings, had a tendency to mislead, and consequently that it was necessary to have recourse to pathological facts founded on experiments on human beings." Longet further observed with regard to Magendie, who was more celebrated than any other man for that practice, "that the great importance attached by him to experiments on the scarified bodies of living animals was an importance that only existed in his own imagination;" or, in other words, that vivisection was regarded by him more as a trade for his personal advantage than as a science for professional acquirements.

This Report was also referred to Prof. Owen, one of our first physiological authorities of the present day, who observed, with reference to the allegations as to the repetition of such practices being necessary for the instruction of pupils, "That no teacher of physiology is justified in repeating any vivisectional experiments merely to show its known results to his class or to others. It is the practice of vivisection, in place of physiological induction, pursued for the same end, against which *humanity*, *Christianity*, and *civilization* should alike protest."

When we have the evidence of this eminent authority, as regards the abuses of that inhuman practice, in support of the opinions of Sir Chas. Bell and Longet, quoted in that Report as favourable to it, you will, by affording your professional readers an opportunity of giving their opinions on this subject, be rendering a service to the cause of humanity, and to those

dumb animals so useful to man, for whose services such ungrateful returns are so frequently made, more particularly in the case of horses, as will appear by the following extract from a work just published by Sir Francis Head, "The Horse and his Rider":—

"What a disgrace it is to France, and especially to her brave army, that while every cavalry soldier who distinguishes himself in action, covered with medals and *glory*, may proudly end his days in the Hôtel des Invalides, the horse that carried him in all his brilliant charges, &c., when he is worn out and unfit for service, is liable to be led into an arena in the heart of 'the empire,' to be before the public, not honoured nor rewarded, but inch by inch, and bit by bit, to be dissected alive, until by the last sigh from his lungs, and by the last pulsation from his heart, he ends his account with his inconsiderate, ungenerous, and ungrateful country!"

As the author of this work is, I believe, a personal friend of the Emperor of the French, these observations will, no doubt, make an impression that will have a tendency to mitigate such sufferings, if not abolish such practices, in France. Trusting, also, that by the aid of THE LANCET, unnecessary bleedings may, in like cases, be abolished in both countries,

I remain, Sir, your very obedient servant,

Pall-mall, Jan. 1861. JOHN SCOTT LILLIE.

QUARANTINE.

(LETTER FROM DR. GAVIN MILROY.)

To the Editor of THE LANCET.

SIR,—As THE LANCET has always manifested much interest in the proceedings of the Quarantine Committee of the National Association for the Promotion of Social Science, I will thank you to give me an opportunity of making known to the profession, abroad as well as at home, what has already been done by the Committee, and what remains to be done before their labours come to a close.

I will, in the first place, briefly recapitulate the circumstances which led to the inquiry, and the steps taken to set the inquiry on foot. The reappearance of the plague at one part of the African coast in the summer of 1858, after a complete cessation of the disease, not only in Barbary, but throughout the whole of the Ottoman empire, for many years, gave occasion to the re-establishment in most European ports, more especially in the Mediterranean, the Black Sea, &c., of all the extravagant and senseless measures of restriction on intercommunication with many places and countries where not the slightest reasonable suspicion of the sickness ever existed, as well as in the limited district of Bengazi on the Barbary coast, where the fever had broken out amongst a starving and squalid Arab population months before these measures were had recourse to. The case showed clearly that, whatever relaxation in the stringency of quarantine might be allowed or winked at in times of general good health, no sooner was alarm from any cause of supposed danger once excited, than all the *old*—it was to have been expected, the *obsolete*—machinery of worthless precautions was set agoing, to the scandal of common sense not less than of medical conviction. Even in ordinary times, and when no dreadful or pestilential disease exists in any part of Europe or of the adjacent countries, the angry disputes, complaints, and remonstrances that are continually recurring in the ports of Spain, Portugal, and in most of those of the Mediterranean, in consequence of unjust quarantine impositions, and the amount of diplomatic correspondence between different governments consequent thereon, would hardly be credited by anyone who has not had personal cognizance of what takes place.

Various attempts have been made within the last twenty years by different nations, chiefly France and England, to bring about a more rational state of procedure upon a subject of universal interest and importance, and the experience and knowledge of physicians, consular agents, and other public servants, have been repeatedly called into requisition by their respective governments to aid with their advice. Missions have occasionally been sent to different regions for the purpose of examining on the spot the true nature and properties of the diseases against which quarantine is chiefly directed, and official commissions and committees have been at various times appointed in this as well as in other countries of Europe to sift and weigh evidence from all sources, and to suggest desirable reforms. The last of these commissions was the International Conference at Paris in 1851, composed of medical and consular delegates from almost all the states of Europe, and whose sittings were continued for more than six months. What amount of good has been the result of their labour, it is not easy to say. Certainly the course pursued in most of the ports of southern Europe in 1858, and still more recent proceedings at Lisbon, Vigo, and Malaga, not to mention many other places, do not warrant much hope of any substantial amendment. Unhappily, disaccord and even contrariety of opinion prevailed on many points amongst the twenty-four gentlemen of the Conference, more particularly amongst the medical members, and the result was that a compromise had to be come to on some of the principal conclusions finally agreed upon. That such disagreements should continually be occurring amongst medical opinion is deeply to be regretted, alike for the credit of the profession and the welfare of society. Is it really from the intrinsic difficulties and intricacies of the subject that these endless disputes arise?—or is it that the subject is regarded through the misleading medium of prejudice, imperfect knowledge, or illogical reasoning, if not at times of self-interest and fear of pecuniary loss? At present it is enough to say that the mind of the public will, we may be assured, take its bent very generally on such matters from that of the profession, and that however apt a community may be during a period of alarm to resort of itself to various preposterous precautions against the invasion of a dreaded visitant, they might always be soon brought to calm reason, and the adoption of the right measures for their protection, if only the doctors were agreed amongst themselves as to the advice to be given to their fellow-citizens.

How is such agreement to be brought about? and how is the public to be at the same time enlightened, so as to be able to appreciate the soundness of the advice proffered by the profession? Simply, but surely, by having from henceforth the evidence of duly-ascertained and faithfully-recorded facts and results relating to the question in hand published systematically, from time to time, for their consideration. What lengthened diplomatic correspondence and costly official commissions have failed to effect will, I doubt not, be ere long accomplished by the simple process of periodic truthful records.

It is upon this idea that the Committee appointed by the National Association, at the Liverpool meeting in 1858, and presided over by the Earl of Shaftesbury, have acted in carrying out their inquiries—first, to obtain authentic and reliable information as to the practice and the results of quarantine hitherto in different countries, and then to frame a report, based on such evidence, for the consideration of the Legislature and general public, as well as of the medical profession.

The first part of this work has been done, and appears in the two Parliamentary papers ordered by the House of Commons, last August, to be printed, on the motion of the Right Hon. W. Cowper, who was President of the Public Health Section of the National Association, at Bradford, in 1859. These papers, entitled "Abstracts of Regulations in force in Foreign Countries respecting Quarantine," and "Abstracts of Returns of Information on the Practice of Quarantine," contain the sum and substance of nearly 200 official replies from H.M. consuls and the governors of British colonies, and also from many military and naval medical officers, to the queries drawn up by the Committee, and which, on the application of the Earl of Shaftesbury, had been transmitted by the Foreign and the Colonial Offices, and by the Directors General of the Medical Departments of the Army and Navy.

The mass of information thus obtained is very large and comprehensive, extending as it does to the principal ports of the different Baltic States, Holland, Belgium, France, Portugal and Spain, Sardinia and Naples, Greece, Turkey and Egypt, the United States, Mexico, Brazil, &c., and to every British colony, from Canada and the West Indies to Australia and Hong-Kong. To appreciate the value of the documents, they must be examined for themselves; no mere abstract of their contents would be of much use; and as their expense but little exceeds a shilling, they are within the reach of all. Besides the direct information they convey on the immediate subject of quarantine, there is much in them to interest the epidemiological inquirer, many of the replies—as those from Lisbon, Alexandria, several of the West India islands, the Mauritius, Sydney, Melbourne, &c.—containing highly instructive details respecting recent epidemics in various parts of the world.

The Committee are now engaged in framing their report from the evidence which has been thus submitted to them. As a large and highly influential commission of professional and other men in the leading States of the American Union are also at work just now in a like inquiry, (our transatlantic brethren had, indeed, the start of us on this as on some other branches of kindred research,) it may be reasonably hoped that

ere long a more sure foundation will be laid for judicious and safe conclusions on various practical points of no small international importance, and that medical opinion on such matters will be rescued from the stigma of valuelessness often and not unjustly cast upon it in consequence of the too frequent dissensions and disputes of professional men.

I am, Sir, your obedient servant,

GAVIN MILROY, M.D.,

London, Jan. 1861. Hon. Secretary of the Committee.

THE "INCREASE OF PAY" OF THE INDIAN MEDICAL OFFICERS.

To the Editor of THE LANCET.

SIR,—I have just received THE LANCET of October 6th, 1860, containing a report of the opening of the "Army Medical School," and I have been rather startled by the perusal of Mr. Sidney Herbert's remarks upon the occasion.

This gentleman is reported to have informed his audience, (the "forty-three intelligent-looking candidates for commissions,") "amid much applause," that the Queen had granted increase of rank, and Parliament had voted *increase of pay*, to the army medical officers, for which benefits the country would expect some return.

It is just possible Mr. Sidney Herbert may not have known what he was talking about, or perhaps did not intend his remarks to apply to the Indian branch of the Army Medical Service. I would prefer believing either alternative rather than suppose Mr. Herbert could stand up, and, "amid much applause," utter such a deliberate untruth.

Astounding as is the ignorance habitually displayed in England upon all matters connected with India, the obstinacy or blind fatuity with which our medical brethren at home close their ears to the many warnings which have lately been given them to pause before they leave their own country merely to come out here and be ruined—ruined in health, pocket, and prospects—is still more remarkable. Amongst the "forty-three intelligent-looking candidates for commissions," who listened and applauded, and innocently *believed* Mr. Sidney Herbert's remarks, it is probable that some may be turning their thoughts towards India, particularly since "Parliament has voted them *increase of pay*." In the vain hope of arresting such a fatal step on their part, I beg their attention to the following *facts*:—

I am a medical officer in the Indian army, and hold a civil appointment. The monthly pay of my appointment was—

	Rupees.
Civil salary	299
Military	60
Charge of dispensary	50
Charge of military:	
Police, or Sebundee Corps	29
"Head-money" for non-combatants (aver.)	75
Total Company's rupees	513

It is (i. e., since it has been "*increased*" by Parliament):—

	Rupees.
Civil salary	299
Military	60
Dispensary	50
Sebundees	29
	438
Less Income-tax	15
Total	423

In another month, the Sebundee Corps will be incorporated with the Civil Police, for medical charge of whom *no allowance will be granted*. So that from January, 1861, my actual income will be "*diminished*" *more than £100 per annum!*

It is the labour, not the "pay," of the medical officer that has been "increased," and increased, too, very considerably, although to go further into details would occupy too much valuable space in your columns. I can only say, for my own part, and I believe I speak the sentiments of a large majority of my brother officers, that if this be the fashion after which Parliament intends to "increase" our pay, whatever may be the kind of "return" expected by the country for such an immense boon, it will probably get nothing but the return (by first opportunity), in *propria persona*, of every medical officer in the service.

I would earnestly entreat any young medical man in England to pause well before he chooses an Indian career. Above all, (unless he wish to live on glory!) let him distinctly find out what his pay will really be; remembering that the same may, moreover, be diminished a fourth, or a third, or half, without a day's warning, and by a mere stroke of the Government pen. The East India Company at least kept faith with their servants; and whatever may have been their faults, illiberality was certainly not of the number.

It is one thing to come to India; it is quite another to get "back again." And, if failing health, empty pockets, starvation pay, hopeless prospects, and utter isolation from intellectual society, can be considered anything but a pleasing picture, I would give to those "intelligent" young men who think of entering the Indian Medical Service *Punch's* advice to persons about to marry, and say most emphatically—"Don't!"

I remain, Sir, yours faithfully,

India, Dec. 1860. X. Y. Z.

THE NEW LICENTIATES OF THE LONDON COLLEGE OF PHYSICIANS.

To the Editor of THE LANCET.

SIR,—Permit me, through the medium of your valuable journal, to ask what relation the new licentiates of the London College will bear towards those of the Edinburgh College? The latter licentiates are under no restrictions whatever, but the former are to be restricted in the use of the title of "doctor," even by courtesy. Will the profession submit to this? Is not the title becoming catholic in the profession? How absurd, then, for the London College to attempt to stem the torrent! Will not the general practitioner seek the Edinburgh licence in preference to the London, or prefer a Scotch degree by undergoing a minor examination? The College will do well to look to this ere it is too late. I would suggest that the College should place the new licentiates upon an equality with the M.B. graduates, by permitting them to enjoy the title of "doctor" by courtesy, even if the College itself refuses to give that courtesy to them. It would be far more in accordance with the position of the College and the general practitioners to restrict the licentiates in the use of the title of "physician" until they become fellows of the College; while the membership should be abolished, or given to the general practitioner conjointly with the licence. No general practitioner will care to use the title of "physician" until he gives up general practice; but he seeks the title of "doctor," because it is becoming general in the profession, and not for any value the title itself possesses.

I am, Sir, your obedient servant,

January, 1861. A LIBERAL.

P.S.—The new licentiates of the College should be admitted "physicians" by undergoing a modified examination, the same as that by which graduates are now admitted members of the College.

To the Editor of THE LANCET.

SIR,—It is with pleasure that I see the College of Physicians have at last determined to give their licence to the general practitioner; but I think the fee ought to have been £10 instead of £15; and I also think that all practitioners who are registered with both a medical and surgical qualification ought to be admitted at a much lower sum, but by examination only. Should the College lower the fees for those who hold the double qualification, I think that they would admit some hundreds by it. I was at a large medical meeting the other day, and this was the opinion of *all* present. Men who hold the Hall and College diplomas will not care to pay £15 more to the College of Physicians; but if the fee were reduced, I have no doubt that more than three parts of those who hold the Hall and College qualifications would obtain the licence from the College of Physicians.—I am, Sir, your obedient servant,

January, 1861. M.R.C.S., L.S.A.

THE TURKISH BATH.

To the Editor of THE LANCET.

SIR,—If I rightly understood a short paragraph which appeared in your last impression, you consider it dangerous to submit the body to 150° Fahrenheit; but if the air be dry, this temperature is very well borne by those who are in a state of perspiration, from having previously remained twenty minutes in a temperature of 110°. Dr. Barter, who, by his untiring perseverance, has popularized the Turkish bath in Ireland, where he has built ten public baths and more than a hundred

private ones, never allows a temperature higher than 150°, and he considers it sufficient for all good purposes. Here the Turkish baths are too highly heated. The hottest room is never less than 170°, and I have lately been in a temperature of 183° in one of the public Turkish baths in town. You are quite right in considering this as dangerous; for those who are suffering from congestion of the brain, or organic disease of the heart, may feel inclined to try what is so much talked of, and the effect of which might be fatal to them.

At all these public baths there ought to be a head attendant, whose only duty should be to look after the "novices," so as not to leave them too long in a temperature of 170°; for I have seen some, seemingly healthy men, faint in a temperature of 120°, on first taking the Turkish bath. Once, at an inferior class bath, finding the temperature excessive, I looked for the thermometer, but there was none; and I explained to the attendant that a coroner's inquest might be very disagreeable. At a private institution, otherwise well arranged, a flue passes under the brick floor, and heats part of it so highly, that it chars the wood that may be placed upon it. I was in the act of placing my naked foot upon this "*actual cautery*," when the attendant caught hold of me, and saved my skin. At all these institutions there are very good attendants, but some are unmerciful in their mode of shampooing, and press upon your chest as if they wished to break half a dozen ribs; indeed I have heard that this accident has actually occurred, but I do not guarantee the report. I have taken Turkish baths at Constantinople, Cairo, and Damascus, and I have, therefore, been shampooed *secundum artem*—that is, in the gentlest, quietest, and most patient manner possible; and I protest against the tremendous energy with which the poor human body is thumped and battered and crushed by some of the shampooers in our public Turkish baths.

In conclusion, I will add that there ought to be an inspector of public baths,—a medical man, of course,—and if this officer is not soon at work, coroners will have plenty to do. My belief in the advantages of the Turkish bath, both for the maintenance and the recovery of health, makes me direct attention to the abuses of the present establishments.

I remain, Sir, your obedient servant,

Grosvenor-street, Jan. 1861. E. J. TILT, M.D.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

M. BAILLIERE, the medical publisher, has just given to the world the first instalment of a work destined shortly to enjoy a wide-spread popularity. I refer to Vol. I. of a collection of clinical lectures delivered at the Hôtel Dieu by Prof. Trousseau, and edited by Dr. Blondeau, a former "chef de clinique" in that hospital. One of the peculiar features of interest presented by this compilation is the development, by practical illustration, of the system of therapeutics taught by M. Trousseau, and of which, as far as France is concerned, he is the originator. The merit of raising the school of Paris from the narrow furrow to which the organicians had confined its action, and of replacing it on the broad highway of scientific independence, free to advance under the legitimate impetus of progressing knowledge, unimpeded by the trammels of the dogmatist, belongs almost exclusively to the talented Professor of the Hôtel Dieu. By a strict and consistent observation of "facts not theories," M. Trousseau has endowed the therapeutical branch of French medicine with an amount of certitude and precision which, at the hands of the advocates of "la médecine expectante," it certainly never could have attained. That in the course of his innovations he may occasionally have committed errors and oversights, which have been the subject of reprobation and just criticism, is perfectly possible; but that he has more than any living French practitioner helped to fill the great gulf which existed in the therapeutical system, and demolished many of the insignificant notions concerning treatment in this country, leaving in their place sound practical methods, is equally undeniable. Of the subjects treated in the volume before me, the most interesting are the eruptive fevers, diphtheria and tracheotomy, the more dangerous diseases of infants, asthma, acute phthisis and thoracentesis; together with several very remarkable lectures on the subject of contagion and specific infection. The price of the volume is ten francs—a figure, however, which does not prevent the edition from selling off very rapidly.

A medical committee appointed by the Academy of Sciences is at this moment judging a most important question of priority. The "apple of discord" the subject of the present inquiry is an instrument presented by M. Heurteloup at a former meeting, as the *summum bonum* of lithotrity, and as the result of many years' labour and experience. This particular instrument, named by M. Heurteloup the "*porte à faux*," contains the same essential parts as all other such employed in the operation of stone-crushing, with this exception, that the larger and immovable branch (the female, as it is technically termed) is dilated at its curved extremity into a spoon-like form, and is likewise fenestrated by means of a funnel-shaped opening. The male branch, impelled by the action of the long lever which forms part of the instrument, or withdrawn by the pressure of the short one, readily passes through the infundibular orifice in the larger branch, pulverizing the calculus effectually and instantaneously. Another advantage, as explained by the inventor, consists in the fact that the spoon-like termination of the instrument rests on the most dependent portion of the bladder, and thus catches all the fragments, which, impelled by the force of gravity, fall naturally between the blades of the instrument. M. Guillon, in a note to the Academy of Sciences, accuses M. Heurteloup of having stolen his veterinary lithotrite, and of having, by the addition of certain insignificant alterations, attempted to rob it of an originality to which he (M. Guillon) lays claim. Then, M. Mercier disputes the justice of the self-congratulation indulged in by the inventor on the occasion. "The problem of lithotrity," says this last practitioner, "is still what it was before the appearance of this new instrument, and its difficulties are unsolved; but in those cases in which dysuria is present, and in which M. Heurteloup specially recommends his instrument, the complication is easily disposed of by the use of *my* double catheter." How strongly this discussion savours of the currier's advice—the "nothing-like-leather" principle is everywhere predominant.

The new President of the Academy of Medicine, M. Robinet, took his seat on Tuesday last, commencing his functions by a short but pithy speech. In the course of his address to his colleagues, M. Robinet mentioned that when, thirty-five years ago, his name was first enrolled on the books of the Academy, he stood in seniority the 243rd on the members' list. "At the present moment I am the 42nd on the same list," he continued; "a sad evidence of the havoc made by the hand of time in our ranks." The last phrase of this speech contained a piece of advice, in the inculcation of which, the former President, M. Cloquet, though most persevering, was rarely successful: it referred to the attention and silence expected from members during the reading of papers and general transaction of business. M. Robinet reminded his colleagues "that silence was the essence of academical courtesy"—a maxim as readily admitted by all as seldom observed by any.

M. Bouillaud read a report, at the same meeting, upon an essay by Dr. Sales-Giron, having for title "On Respiratory Diet in Chest Affections." The author, in explaining the title of his memoir, uses the following terms:—"Without doubt, the respiratory function—the synonym of life—cannot, like that of digestion, to which the term 'diet' is usually restricted, be completely suspended or deprived of its 'pabulum' for more than a very brief period; nevertheless, it is quite possible to modify the proportions of the special nutriment conveyed to the lung, and graduate almost to a nicety the functional activity imposed upon the pulmonary organs. This principle once admitted," continues the author, "the validity of the usually accorded datum—namely, the incurability of certain diseases of the lung, based on the supposed impossibility of giving rest to the diseased organ—is immediately called into question." According to M. Sales-Giron, the atmospheric ingredient the effects of which are most baneful when brought into contact with the irritated surface of a diseased pulmonary mucous membrane, or other portion of disorganized lung tissue, is oxygen; and to the diminution and graduated dosing of this element in the respirable medium the author's experiments have been devoted. "Whether oxygen be or be not," continues the essayist, "the immediate cause of the pulmonary affection, this gas is, at all events, recognised by experience as one of the chief sources of its exasperation and maintenance. It has been known for centuries that a sharp and frequently renewed atmosphere is fatal in diseases of the chest. It is equally well known that a tepid, soft, and calm atmosphere, such as is met with in pine forests, or in the stables in which cattle are confined, is peculiarly favourable to those suffering from such maladies. Now in the latter localities it is well ascertained, by accurate investigation, that the proportion of

oxygen diminishes from 21 to 20 or even 19 per cent.; consequently, if the same effect can be produced therapeutically, and without subjecting the sufferer to the painful necessity of leaving home in search of relief, a great step will have been made in a forward direction." M. Sales-Giron has therefore availed himself of the property of absorbing oxygen possessed both by pitch and coal-tar, in order to construct a respirator capable of transmitting to the wearer a quality of air modified and deprived of a portion of its oxygen by passage through a sort of hair-sieve impregnated with pitch, and the use of which he suggests as likely to be most serviceable in the treatment of lung diseases of a chronic type. M. Bouilland's report was adopted after some discussion, with the addition of a recommendation to the author of the note to lose no time in bringing a few clinical facts to confirm his plausible deductions.

The Prize Committee appointed by the Medical Society of Bordeaux have been obliged to postpone their decision for a month longer, in order to gain sufficient time for the examination of the several essays sent in for competition. The subject, "Tuberculosis," is apparently one of general interest, as no less than nine memoirs have been received, amongst which some are from the pens of English, German, and Italian candidates.

Dr. Strohl, one of the assistant professors of the Strasburg Faculty of Medicine, has recently communicated to the Medical Society of that city the result of a plan for the treatment of pneumonia, which he has found very successful. M. Strohl, who is, on the whole, an enemy to general bloodletting in this class of inflammatory diseases, says, "When the patient is very plethoric, however, and the pulmonary congestion very marked, I bleed once, rarely twice, but generally restrict myself to cupping or the application of a few leeches. From the outset I give the *acetate of lead* in large doses, varying from five to seven grains, going occasionally up to ten. The pulse is rapidly affected by this method, and a fall of ten or fifteen beats per minute takes place in a very short space of time. Meanwhile the local symptoms at first increase in intensity, and even seem to extend their limits. This aggravation is only apparent, however, for the patient soon experiences a sensation of relief, and the resolution of the pulmonary inflammation commences. I then suspend the administration of the lead, and leave the rest of the cure to nature."

M. Strohl also says that the same drug has succeeded, and that most satisfactorily, in secondary pneumonia connected with phthisis, or occurring as a complication in typhoid fever. The employment of the remedy in the former case somewhat resembles the treatment adopted by M. Beau, of the Charité, the form employed by the latter being the carbonate instead of the acetate. Dr. Strohl says that he finds the lead treatment more advantageous, more certain, than, and fully as prompt as, the classic method by antimony; that he has never seen any evil results consequent on the plan he proposes, and the universal adoption of which he suggests to the profession.

The *Gazette Médicale* of Lyons reports another death from the inhalation of chloroform, and I believe such fatal disasters will be common in France until the use of the graduated inhaler be generalized in medical practice.

Paris, January 7th, 1861.

Medical News.

APOTHECARIES' HALL.—The following gentleman passed his examination in the science and practice of medicine, and received a certificate to practise, on

Thursday, Jan. 3rd, 1861.

Morgan, John, Clifton, Bristol.

The following gentlemen also on the same day passed their first examination:—

Hatchett, Joseph, Ravenstone, Leicestershire.
Waller, Charles Beaumont, Finsbury-square.

UNIVERSITY OF ST. ANDREWS.—The following is a list o gentlemen on whom the degree of Doctor of Medicine was conferred on the 2nd inst.:—

Belcher, J. W., London.
Bell, J. H., Bradford, Yorkshire.
Bennett, W. R., Royal Navy.
Boycott, T., Bombay Army.
Broad, J., London.
Bush, D. W., Weston-on-Batt, Somerset.
Caldwell, W. T. D., London.
Callon, W. J., Liverpool.
Capper, J., Liverpool.
Cockroft, J., Middleham, Yorkshire.
Cotton, T., Spalding, Lincolnshire.
Fox, C. H., Brislington, Somerset.
Greene, J. A., Calcutta.
Hatton, J., Manchester.
Hutchinson, V., Bishop Auckland, Durham.
Iles, A., Cirencester, Gloucestershire.
Kidd, H. A., Calcutta.
Lemon, H. M., Welshpool.
Mackertich, S. H.M.'s Indian Army.
Nimnis, B., London.
Payne, E., London.
Poll, W. N., Northampton.
Pollock, A. J., London.
Prall, S., West Malling, Kent.
Simpson, P. A., Dublin.
Tanner, M. B., Exeter, Devon.
Truman, E. B., Nottingham, Notts.
Vanderstraaten, J., Ceylon.
Walker, G. C., Kirkdale, Liverpool.
Warner, J., Leighton-Buzzard, Beds.
William, J., Dyffryn, Merionethshire.
Williams, C. E., Leamington.

HER MAJESTY'S PHYSICIAN IN IRELAND.—Dr. William Stokes has been appointed her Majesty's Physician in Ireland, in the room of the late Sir Henry Marsh.

APPOINTMENTS.—J. H. Barnes, Esq., M.R.C.S., was on the 8th instant appointed Honorary Assistant-Surgeon to the Liverpool Infirmary for Children.

At a meeting of the Board of Guardians on the 31st ultimo, Charles Swaby Smith, Esq., M.R.C.S., of Burbage, Wilts, was elected Medical Officer and Public Vaccinator to the third district of Pewsey Union, *vice* W. Bartlett, Esq., resigned.

Mr. Rynd, F.R.C.S.I., has been appointed one of the Board of Superintendence under the Dublin Hospitals Commission, in place of the late Sir Henry Marsh.

DEATHS OF SURGEONS IN THE ROYAL NAVY DURING THE PAST YEAR.—The following is a list of surgeons of the Royal Navy who died in 1860:—Deputy Inspector-General of Hospitals and Fleets, Thomas C. Jones; Surgeons Harvey Morris, John Barclay, William Wallace Wildey, Edward Henry Brien, John M'Rae, Nicholas Magrath, Frederick Crellin, and William M'Crombie.

THE ROYAL DUBLIN SOCIETY.—At the usual monthly meeting of this Society, held on Tuesday, the following gentlemen were elected as representatives on the Council for the ensuing year:—Sir Richard Griffith, Bart.; Major-General Colomb; Mr. John Barton; Mr. Gilbert Sanders; William Barker, M.D.; Mr. John Bayley; Mr. Henry T. Vickers, Mr. George Woods Maunsell; and John Mollan, M.D.

HARVEIAN SOCIETY OF LONDON.—The following gentlemen were elected officers at the annual meeting for 1861:—*President:* Dr. Sieveking. *Vice-Presidents:* Dr. Headlam Greenhow, Mr. Langmore, Mr. Weeden Cooke, and Mr. H. C. Stewart. *Treasurer:* Dr. Fuller. *Honorary Secretaries:* Dr. Wadham, and Dr. Browning. *Council:* Mr. William Adams, Dr. Bernays, Mr. Browning, Mr. Harrison, Dr. Haviland, Mr. Sedgwick, Dr. Cock, Dr. Alfred Collinson, Mr. Curgenven, Mr. Hornidge, Mr. Mushet, and Dr. William O. Priestly.

ACCIDENT TO PROFESSOR BECQUEREL.—This eminent physician, who, as we stated last week, had a fall a short time ago in the Paris Jardin des Plantes and fractured the neck of the thigh-bone, is under the care of Messrs. Velpeau and Nélaton, and is going on satisfactorily.

DR. GENDRON, of Chateau du Loir, France, has just died of croup, after opening the trachea of a young woman suffering from that complaint. It is said that Dr. Gendron had had diphtheria before.

DRS. CONOLLY, BUCKNILL, and WINSLOW have lately been elected Fellows of the Medico-Psychological Society of Paris. We would, in mentioning the distinction thus conferred, draw attention to the *name* of this Society,—viz., *Medico*-Psychological. Let this be a hint to those who erroneously entitle books on insanity "psychological" works. Psychology is a discourse upon the mind; *medical* psychology is a discourse upon the mind in a *diseased condition*.

ROYAL MEDICAL BENEVOLENT COLLEGE: DINNER TO THE RESIDENTS.—On Tuesday evening Mr. Propert gave his annual dinner to the residents of this establishment. Several members of the Council were present on the occasion, including Messrs. Hancock, Sterry, Ward, Hird, Edgcumbe, and Stilwell, of Epsom. A party of ladies, too, graced the festivities with their presence. The large dining-hall of the College was made to assume quite a Christmas appearance, for it was abundantly decorated with holly and other evergreens, while a tremendous fire roared a most agreeable welcome after a journey through the frosty air. The fare, too, bore a thorough Christmas character—roast beef and turkeys, with other kindred substantialities, appearing on the festive board. The donor of the feast presided, and after the cloth was removed proposed the usual toasts. In acknowledging "Health and long life to the residents," Dr. Sharpe, one of the oldest among them, remarked on the kindness of the Council in thus providing for those who had not been successful in the medical profession a happy and comfortable home. He also testified to the great favour and consideration which Mr. Propert personally extended to the residents. He then referred to the high character of the educational department of the College and contrasted the imperfect knowledge of the half-educated

general practitioner of a former day with the extended mental culture to which the medical profession now attained. Mr. Stilwell, in commendatory terms, proposed the health of Mr. Propert, who, in responding, paid a graceful compliment to the members of the Council, without whose aid his exertions would have been unavailable. He proposed their health, coupled with the name of Mr. Sterry, the latter gentleman suitably responding. In proposing the health of Mrs. and the Misses Propert, Mr. Hird took the opportunity of mentioning the interesting fact that the first boy who put on the foundation clothes of the College was amongst the foremost at the taking of the Taku Forts in China. Mr. Propert, in returning thanks, noticed with gratification the fact, that while the College was intimately connected with the medical profession, the education it afforded was not of a class character, but fitted the youth for any sphere of duty to which he might be afterwards called. Other toasts followed, including "The masters," acknowledged by the Rev. Mr. Pentreath and the Rev. Mr. Hackman; and "The officers," replied to by Mr. Freeman, of London, and Mr. Gibbs, of the College. Tea and coffee were then served, and the proceedings of a very agreeable evening thus brought to a close.

MR. ARDEN, Surgeon of the Dorset County Gaol, having retired, after fifty years' service, has been succeeded by Mr. John Good, of Dorchester.

BAD MEAT.—Dr. Letheby reports that during the last quarter more than seventeen tons of meat and nearly five hundred rabbits have been seized in the City markets as unfit for human food. He believes the fat of this putrid and diseased meat is boiled down and used largely in the manufacture of *butter!* He proposes that seized meat should be immediately sprinkled with a strong solution of carbonic acid, which would prevent decomposition, and the possibility of using it for food in any shape, howsoever ingeniously disguised.

SUDDEN DEATH OF DR. ANDREWS, OF QUEEN'S COLLEGE, BIRMINGHAM.—Dr. Andrews, Professor of Physiology in Queen's College, and one of the physicians at the Queen's Hospital, died at his house in Bath-row, on the 19th ult. He attended to his duties as usual during the day, and seemed to be in his customary state of health; but soon after he had reached his house, Mr. Wilders, resident surgeon at Queen's Hospital, was sent for, who found Dr. Andrews seriously ill. Dr. Fleming, Dr. Bell Fletcher, and Mr. Yates were called in, but notwithstanding all their efforts, Dr. Andrews died at about seven o'clock. An inquest was held on the 22nd, when, on the opinion being expressed by the medical witnesses that the death of the deceased was caused by extravasal apoplexy, or effusion of blood on the brain, the jury at once returned a verdict of "Died by the visitation of God."

DEATH OF DR. NOBLE, M.P. FOR LEICESTER.—It is with regret we have to announce the death of Dr. Noble, one of the representatives of the borough of Leicester, which took place on Sunday morning last at Malaga. The mournful intelligence was communicated by the British Consul to the Foreign Affairs department, and was thence telegraphed to J. Biggs, Esq., M.P., at Leicester. The hon. gentleman had been travelling with his family in the South of France and in Spain for the benefit of their health. He had left his family at Pau, and was on his way from Seville to rejoin them, and when at Malaga he died suddenly. The deceased gentleman was in his sixty-second year. He was returned for Leicester at the commencement of the present Parliament as an advanced Liberal. He was a retired physician in Leicester, and came forward at the last election to frustrate the machinations of "local interests." He gained on that occasion the *soubriquet* of the Avenger of Sir Joshua Walmsley. The hon. gentleman had not sufficient opportunity to distinguish himself in Parliament, though from his education and gentlemanly deportment he would in time have commanded attention. He was one of those members upon whom the Liberal party could always calculate.

ST. BARTHOLOMEW'S HOSPITAL.—A special meeting of the Governors of this medical school was convened, on Monday last, in the great hall of the hospital, for the election of a President of the institution, in the room of Alderman Sir George Carroll, recently deceased, who had held the office for about six years. There was a very large muster of the governing body. Recently, the House Committee of the hospital, by an unanimous vote, recommended the Lord Mayor as a fit and proper person to fill the vacant office of President, and on Monday, at the meeting of the Governors, on the motion of Mr. Gilpin, treasurer of Christ's Hospital, seconded by Mr. Bentley, High Sheriff of Hertfordshire, that recommendation was adopted without a dissentient voice. Immediately afterwards, the Lord Mayor was invited to attend the Court, and, on being presented to them, was greeted by every mark of respect. Mr. Forster White, the treasurer of the hospital, who presided as chairman on the occasion, addressing his Lordship, said that the Governors, in the exercise of their undoubted right to select whom they thought proper to the various offices connected with the institution, had unanimously elected him to the distinguished position of President. He congratulated him on attaining to the position, feeling well assured that his Lordship would derive satisfaction from the performance of the duties of the office, inasmuch as every act in which he would take part in that capacity would tend to ameliorate the sad condition of the sick and suffering poor, and to encourage the cultivation of pure medical science. Turning to the Governors, he congratulated them on the selection they had made, because, although they were all proud to see their new President occupying the dignified position of Lord Mayor, still it was not in that capacity that they invited him to accept the office, but in consideration of the public respect in which he was so justly held, from his integrity, his estimable private character, and the public services he had rendered as an able and upright magistrate, and as a member of Parliament and of the Court of Common Council.—The Lord Mayor, in turn, while thinking Mr. White, the treasurer, had greatly overrated him, expressed the gratification he felt on being spontaneously and unanimously elected to the office of President of the hospital. He regarded it as an honour to be connected with so important and useful an institution, mitigating as it did from time to time so much of human suffering amongst the poor, and the beneficial influence of which, as a great school of medicine and surgery, was felt more or less all over the world. Those attributes were, to some extent, common to all the metropolitan hospitals, but, perhaps, to none in the same degree as to that of St. Bartholomew. He would endeavour, as far as he was able, to make himself useful. The details of the institution were regularly worked out by a staff of suitable officers and by committees, acting under the supervision of the governors and the treasurer, and occasionally of the president. If, however, at any time any matter of detail should arise on which the governors thought his assistance might be of use, he would endeavour on all occasions to render it in working out the details of the hospital, or in any other way. The response of the Lord Mayor was followed by some cheering, and with that the ceremony terminated; but before the members of the Court separated, they passed an unanimous vote of condolence to Lady Carroll on the death of her husband.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, JAN. 5TH.—In the first week of the new year the deaths rose to 1707. The mortality from scarlatina was 45, and from whooping-cough 90. The deaths by pulmonary diseases, exclusive of phthisis, amounted to 485; those by bronchitis were 273, and those by pneumonia 143. Phthisis increased to 188.

Births, Marriages, and Deaths.

BIRTHS.

On the 4th inst., at St. Helen's-place, the wife of W. Tyrrell, Esq., M.R.C.S., of a son.

On the 4th inst., at Fratton, Portsmouth, the wife of J. Owen Evans, M.D., of a daughter.

On the 8th inst., at Wimpole-street, the wife of S. O. Habershon, M.D., of a daughter.

DEATHS.

On the 28th ult., after a short illness, Adam Adams, Esq., Surgeon, of Wotton-under-Edge, Gloucestershire, at the age of 77, much regretted, his professional labours extending over a period of more than half a century. He was an intimate acquaintance of the late Dr. Jenner, and a staunch advocate of vaccination. As an active and zealous friend and promoter of every institution having for its object the advancement of the town in which he lived and the welfare of its inhabitants, his loss will be deeply felt. Mr. Adams was senior alderman of the borough of Wotton-under-Edge, and connected with many of the institutions and charities of the town, in the direction and management of which he ever evinced a lively interest.

On the 6th inst., at his father's house, Hawkfield, near Leith, John Chapman, jun., M.D.

MEDICAL DIARY OF THE WEEK.

MONDAY, JAN. 14

ROYAL FREE HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—The following Operations will be performed at 2 P.M.:—By Mr. Childs: For Spina Bifida; Plastic Operation for Removal of Cicatrix.
MEDICAL SOCIETY OF LONDON.—8½ P.M. Clinical Discussion.

TUESDAY, JAN. 15

GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—The following Operations will be performed at 2 P.M.:—By Mr. Holt: For Stone in the Bladder; Removal of a Nævus from the Head; for Contracted Neck from a Burn.
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

WEDNESDAY, JAN. 16

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
HUNTERIAN SOCIETY.—8 P.M. Mr. Hutchinson, "On Diseases usually denominated Scrofulous."

THURSDAY, JAN. 17

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
LONDON HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M.
CHEMICAL SOCIETY.—8 P.M. Dr. Noad, "On the Analysis of the Saline Water of Purton, near Swindon, North Wilts."—Prof. Bloxam, "On the Electrolytic Test for Arsenic."
HARVEIAN SOCIETY.—8 P.M. Dr. Levison, "On the Ethnology of the Malays of the Cape."
KING'S COLLEGE MEDICAL SOCIETY.—Mr. Yeo, "On Typhoid Fever."

FRIDAY, JAN. 18

WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On the Action of Gases and Vapours upon Radiant Heat."
WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—8 P.M. Mr. Prescott Hewett, "On a Case of Purulent Infection in connexion with Discharge from the Ear, with Remarks."

SATURDAY, JAN. 19

ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. E. Frankland, "On Inorganic Chemistry."
GOVERNMENT SCHOOL OF MINES, Jermyn-street.—7 P.M. Prof. Huxley, "On the First Principles of Physiology."

TERMS OF SUBSCRIPTION TO THE LANCET.

STAMPED.
(To go free by post.)

One Year	£1 14 8
Six Months	0 17 4
Three Months	0 8 8

UNSTAMPED.

One Year	£1 10 4
Six Months	0 15 2
Three Months	0 7 7

Post-office Orders in payment should be addressed to GEORGE COKER, THE LANCET Office, 423, Strand, London, and made payable to him at the Strand Post-office.

THE LANCET may be obtained from every respectable Bookseller or Newsman in the World.

To Correspondents.

M. P.—If a narrative of the circumstances to which our correspondent alludes be forwarded to us, some notice of it shall be taken in THE LANCET. Acts of tyranny against Poor-law medical officers must not be committed with impunity. If Mr. Wallis has been subjected to persecution, let the entire facts be placed on record.

M. M.—They will not be exempt from examination.

Belfast.—The opinion of the Attorney-General for Ireland is in favour of the right.

LITHOTRITY OR LITHOTRIPSY.

To the Editor of THE LANCET.

SIR,—Allow me to draw your attention to the orthography of the term "lithotrity." Surely this is wrong, a barbarism, an impossibility. Analogy requires that we should write "lithotripsy," as "autopsy," &c.

Your obedient servant,
January, 1861. F. H. M. BLAYDES, M.A. Oxon.

Mr. John Gangee, (Edinburgh.)—It is contrary to our custom to insert "circulars." If our contributors are not satisfied with the unequalled advantages which their communications receive from publication in THE LANCET, they must apply elsewhere.

Enquirer.—No authentic report of the trial has yet appeared.

Medicus, a Constant Reader.—The subject has been fully treated in Dr. Copland's Dictionary.

Dr. Joseph Reid's "Report of a Case of Tetanus treated by Liq. Potassæ" shall be published in our next.

A. B.—The admission is by ballot. The recommendation must be signed by at least three Fellows of the Society.

Alpha.—The possession of the diploma does not confer any legal right.

IF *Mr. C. Hamilton* will send his address, in confidence, he shall receive a private note.

RAPID LABOUR.

To the Editor of THE LANCET.

SIR,—The attention of your readers having been directed to the above subject, by reports of cases in the late numbers of your journal, leads me to believe that the following case, from its medico-legal bearing, may not be unworthy of record:—

On the 22nd ultimo I was summoned in great haste to a patient, who had requested me to attend in her confinement. The messenger informed me that the child was born. On arrival at the house, I found the patient in bed and the placenta just expelled. A binder having been applied, I received the following account of the circumstances of the case:—She had been moving about as usual through the day, and, feeling some pain in the back and belly, took half an ounce of castor oil, believing that she was three weeks from her time of delivery. It was her first child, her age being about twenty-eight. Soon after taking the oil she felt an inclination to go to stool, but voided nothing. This was repeated two or three times, the patient going each time to an open privy. On the last occasion she felt something come from her, and, hearing the child cry, called for assistance. Her mother and others were at hand, and soon removed the patient to bed, while the child was extricated from its uncomfortable birth-place. The funis was ruptured about eight inches from the fœtal abdomen, and little or no hæmorrhage apparently had occurred. A warm bath caused it to cry vigorously, and, although of small size, it appeared at or near the full period. It survived about forty-eight hours.

Had this patient been unmarried or of doubtful character, and the child dead, I leave your readers to conclude what the inferences might have been, and what the result of a coroner's inquiry.

I am, Sir, your obedient servant,
Dukinfield, January, 1861. GEO. R. BARNES.

Mr. C. W. Browne.—We have no particular form; but we shall be glad to receive the reports.

Studens, (Guy's.)—Yes, if he be duly registered.

Nemo.—He must possess both a medical and surgical qualification.

A Patient.—Dr. B. is probably a mere *nominis umbra*.

Mr. W. W. Phillips.—If the account be sent in detail, we will give an opinion respecting it.

Antropos should apply to Mr. Moore, Terrace, Tower-hill.

Mr. J. Thompson.—Due notice of the periods will be given in THE LANCET.

Candidate.—Previous to October 1st, 1861.

G. R. T.—There are other remedies which are less injurious.

R. E. W. would, we think, be exempt from the Preliminary Examination.

MEDICAL ASSISTANTS' SOCIETY.

To the Editor of THE LANCET.

SIR,—Whilst everybody must see how very actively you are engaged in upholding the honour and respectability of our profession, there is one class of individuals who seem to pass unnoticed by you—I mean the medical assistants. There is no class of persons who are so badly paid; and, I regret to have to say it, in many instances the treatment we receive from our employers is anything but that due to us. I would suggest that we form ourselves into a Protection and Provident Society, and that each qualified assistant pay a sum of £2 a year, and unqualified assistants £1. By so doing we should be enabled to form a fund to assist its members when out of employment.

I should be glad if any of the assistants who read THE LANCET would advertise a meeting for the formation of such a Society as I have mentioned, and I am certain it would be well supported.

I have looked week after week, hoping you would have laid the case of the medical assistants before your readers, but have been disappointed. From reading over the advertisements in THE LANCET, you must perceive the number of unqualified assistants there are in England.

I am, Sir, your obedient servant,
January, 1861. A MEDICAL ASSISTANT.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Sieveking; Mr. Holmes Coote; Mr. S. Cox; Dr. Duigan, Gainsborough; Mrs. Baines; Dr. Abbotts Smith; Dr. Tilt; Mr. Edmunds; Mr. W. J. Goodwin; Mr. J. Reid, Mile-end; Mr. Smith; Dr. Hitchman, Liverpool; Dr. E. Chapman; Mr. J. B. Taylor; Mr. John Good; Dr. T. Francis, Acton-hill; Dr. Ashton, Walton-le-Dale, (with enclosure;) Mr. T. B. Eccleston, (with enclosure;) Dr. Barlow, (with enclosure;) Mr. J. E. S. Lawson, (with enclosure;) Mr. H. Evans, Blaemont, (with enclosure;) Mr. J. Clark, Lynton, (with enclosure;) Dr. Major, Hungerford, (with enclosure;) Mr. P. Glentos, Bodmin, (with enclosure;) Mr. F. Redman, (with enclosure;) Mr. H. Knowles, (with enclosure;) Mr. H. Hearns, (with enclosure;) Dr. Ager, Aylsham, (with enclosure;) Dr. Garstang, (with enclosure;) Mr. J. Wills, (with enclosure;) Mr. G. White, Didmanton, (with enclosure;) Dr. James Johnston; Mr. H. Moore, Bradford, (with enclosure;) Mr. H. French, Bungay, (with enclosure;) Mr. E. Watts, Liverpool, (with enclosure;) Mr. A. Weston, Brackley, (with enclosure;) Dr. Hollis, Yarmouth, (with enclosure;) Dr. Bell, Bradford, (with enclosure;) John Medicus, (with enclosure;) Enquirer; Antropos; Apothecaries' Hall; M.R.C.S. and L.S.A. A Liberal A. D. Studens Nemo; A Patient; Candidate; &c. &c.